

# The MassHealth Drug List



# MassHealth Drug List

The MassHealth Drug List is an alphabetical list of commonly prescribed drugs and therapeutic class tables. The list specifies which drugs need prior authorization (PA) when prescribed for MassHealth members. The prior-authorization requirements specified in the list reflect the Division's policy described in the pharmacy regulations and previous provider bulletins, as well as the Division's and the Drug Utilization Review (DUR) Board's review of drugs within certain therapeutic classes. The list also specifies the generic over-the-counter drugs that are payable under MassHealth.

The tables provide a view of drugs within their respective therapeutic classes, along with prior-authorization requirements and clinical information about the drug. The clinical information included in the tables is not intended to be comprehensive prescribing information. Prescribers and pharmacists should review the list and its applicable therapeutic class table when prescribing a drug or filling a prescription for a MassHealth member.

Any drug that does not appear on the list requires prior authorization.

## Updates to the List

The updates to the list are effective immediately, unless otherwise specified. For medications that have new prior-authorization requirements effective April 1, 2003, the Division's policy permits an otherwise valid prescription written before April 1, 2003, for these medications to be filled for the life of the prescription without prior authorization. Nevertheless, the Division encourages prescribers to reevaluate the medication regimens of their MassHealth patients, and consider switching their MassHealth patients to a medication regimen that does not require prior authorization or discontinuing the affected medication, if clinically appropriate, as soon as possible.

### 1. New Prior-Authorization Requirements and Quantity Limitations for Duragesic and OxyContin

The following quantity limitations and prior-authorization requirements are effective April 1, 2003.

Duragesic (fentanyl) – **Limit 30 patches/month; PA > 200 mcg/hour**

OxyContin (oxycodone controlled release) – **Limit 90 tablets/month; PA > 240 mg/day**

The Division encourages prescribers to use the Narcotic Prior Authorization Request form shown on page 51 when requesting prior authorization for Duragesic (> 30 patches/month and/or dose > 200 mcg/hour) or OxyContin (> 90 tablets/month and/or dose > 240 mg/day).

### 2. New Prior-Authorization Requirements for Miscellaneous Analgesics

The following drugs require prior authorization effective April 1, 2003.

Lidoderm (lidocaine) – **PA**

Maxidone (hydrocodone/acetaminophen) – **PA**

Percocet (oxycodone/acetaminophen) – **PA**

Ultracet (tramadol/acetaminophen) – **PA**

Zydane (hydrocodone/acetaminophen) – **PA**

The Division encourages prescribers to use the Drug Prior Authorization Request form shown on page 67 when requesting prior authorization for these medications.

**Please Note:** The Division does not require prior authorization for generic versions of the following narcotic/analgescic combinations:

codeine/acetaminophen  
codeine/aspirin  
hydrocodone/acetaminophen  
oxycodone/acetaminophen  
oxycodone/aspirin

See Table 8, p. 39, for more information about narcotic agonist analgesics.

### **3. New Prior-Authorization Requirements for Topical Corticosteroids**

The following drugs require prior authorization effective April 1, 2003.

Aclovate (alclometasone) – **PA**  
Capex (fluocinolone) – **PA**  
Cloderm (clocortolone) – **PA**  
Cordran (flurandrenolide) – **PA**  
Cutivate (fluticasone) – **PA**  
Cyclocort (amcinonide) – **PA**  
Derma-Smoothe/FS (fluocinolone) – **PA**  
Dermatop (prednicarbate) – **PA**  
Diprolene (betamethasone) – **PA**  
Diprosone (betamethasone) – **PA**  
Elocon (mometasone) – **PA**  
Halog (halcinonide) – **PA**  
Halog-E (halcinonide) – **PA**  
Luxiq (betamethasone) – **PA**  
Olux (clobetasol) – **PA**  
Pandel (hydrocortisone) – **PA**  
Ultravate (halobetasol) – **PA**

The Division encourages prescribers to use the Drug Prior Authorization Request form shown on page 67 when requesting prior authorization for any of these topical corticosteroid preparations.

See Table 16, p. 47, for more information about topical corticosteroids and availability of preparations that do not require prior authorization.

### **4. New Prior-Authorization Request Form**

The new form is the Narcotic Prior Authorization Request.

### **5. Change in Prior-Authorization Requirements for Selected Triptans**

The following quantity limitations take effect on April 1, 2003.

Axert (almotriptan) – **Limit 6 units/month**  
Imitrex (sumatriptan) injection – **Limit 6 units/month**  
Zomig (zolmitriptan) – **Limit 6 units/month**  
Zomig-ZMT (zolmitriptan orally disintegrating tablets) – **Limit 6 units/month**

## 6. New Symbol

There are some drugs whose prior-authorization status depends on their formulation. For example, fluocinolone requires prior authorization when it is formulated as oil or shampoo, but not when it is formulated as cream or in solution. These drugs will appear in the MassHealth Drug List with a ° symbol appearing after them.

## 7. Additions

- a. The following newly marketed drugs have been added to the MassHealth Drug List.

Abilify (aripiprazole) – **PA**  
Copegus (ribavirin)  
Eligard (leuprolide) – **PA**  
Elitek (rasburicase)  
Eloxatin (oxaliplatin)  
Pegasys (peginterferon alfa-2a)

- b. The following drugs have been added to the MassHealth Drug List. These drugs had inadvertently been omitted from the list. Effective April 1, 2003, the following drugs require prior authorization.

Diprolene AF (betamethasone) – **PA**  
Glucovance (glyburide/metformin) – **PA**  
Locoid (hydrocortisone) – **PA**  
Topicort LP # (desoximetasone)

## 8. New FDA “A”-Rated Generics

The following FDA “A”-rated generic drugs have been added to the MassHealth Drug List. The brand name is now listed with a # symbol, to indicate that prior authorization is required for the brand.

<b><u>New FDA “A”-Rated Generic Drug</u></b>	<b><u>Generic Equivalent of</u></b>
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ammonium lactate	Lac-Hydrin #
LAClotion	Lac-Hydrin #

## 9. Deletions

The following drugs have been deleted from the MassHealth Drug List because they have been discontinued by the manufacturer.

Empirin with codeine  
Lortab ASA  
Synemol

## 10. Corrections

- a. The prior-authorization status of the drugs below was inadvertently omitted from the list. Its addition does not reflect any change in the Division's policy. These drugs require prior authorization for members aged 25 and older.

Azelex (azelaic acid) – **PA > 25 years**

Finevin (azelaic acid) – **PA > 25 years**

- b. The # symbol was removed from the following drugs because they do not require prior authorization.

Endocet

Endodan

Roxicet

## 11. Updates to Therapeutic Tables

Table 2 – Hormones-Gonadotropin-Releasing Hormone Analogs

Addition: Eligard (leuprolide) – **PA**

Table 5 – Immunologic Agents-Immunomodulators

Addition: Pegasys (peginterferon alfa-2a)

Table 8 – Narcotic Agonist Analgesics

Changes:

Duragesic – **Limit 30 patches/month; PA > 200 mcg/hour**

Endocet (removed #)

Endodan (removed #)

OxyContin – **Limit 90 tablets/month; PA > 240 mg/day**

Maxidone – **PA**

Percocet – **PA**

Roxicet (removed #)

Zydane – **PA**

Deletions:

Empirin with codeine

hydrocodone/aspirin

Lortab ASA

Additions: The following clinical note has been added to Table 8.

### **Acetaminophen Hepatotoxicity:**

- Acetaminophen has been associated with severe hepatotoxicity following acute and chronic ingestion.
- Maximum recommended dose of acetaminophen for adults is four grams/day.
- Be sure to consider and ask about all potential sources of acetaminophen (e.g., OTC, combination analgesics) when determining daily acetaminophen dose.
- Risk may increase with concurrent alcohol use, underlying liver disease, and/or the fasting state.

## Table 14 – Triptans

Changes:

Axert tablet – **Limit 6 units/month**

Imitrex injection – **Limit 6 units/month**

Zomig tablet – **Limit 6 units/month**

Zomig-ZMT orally disintegrating tablet – **Limit 6 units/month**

### Prior-Authorization Status of Drugs

Drugs may require prior authorization for a variety of reasons. The Division determines the prior-authorization status of drugs on the list on the basis of the following:

- MassHealth program requirements; and
- ongoing evaluation of the drugs' utilization, therapeutic efficacy, safety, and cost.

Drugs are evaluated first on safety and effectiveness, and second on cost. Some drugs require prior authorization because the Division and Drug Utilization Review Board have concluded that there are more cost-effective alternatives. With regard to all such drugs, the Division also has concluded that the more costly drugs have no significant clinically meaningful therapeutic advantage in terms of safety, therapeutic efficacy, or clinical outcome compared to those less-costly drugs used to treat the same condition.

Evaluation of a drug includes a thorough review by physicians and pharmacists using medical literature and consulting with specialists, other physicians, or both. References used may include Drug Topics Red Book, Approved Drug Products with Therapeutic Equivalence Evaluations (also known as the “Orange Book”), the Massachusetts List of Interchangeable Drug Products, AHFS Drug Information, Drug Facts and Comparisons, Micromedex, literature from peer-reviewed medical journals, and manufacturers' product information.

### List Conventions

The list uses the following conventions:

- Brand-name products are capitalized. Generic products are in lowercase.
- Formulations of a drug (for example, salt forms, sustained release, or syrups) are not specified on the list, unless a particular formulation requires prior authorization.
- Combination products are listed with the individual ingredients separated by a slash mark (/).
- Only the generic names of over-the-counter drugs that are payable under MassHealth appear on the list. The brand names of such drugs are not listed, and therefore require prior authorization.
- Only the generic names of antihistamine/decongestant combinations are listed. The brand names of such combinations are not listed, and therefore require prior authorization.

## **Drug List on DMA Web Site**

The MassHealth Drug List can be found on our Web site at [www.mass.gov/dma](http://www.mass.gov/dma), along with other information for pharmacies and prescribers.

## **Future Updates**

The Division will update the MassHealth Drug List every month, as needed, and will continue to evaluate the prior-authorization status for drugs. The updates to the list, including new and revised tables and any new prior-authorization forms, will be posted on the Division's Web site on the first business day of the month along with a summary of the changes to the list.

The Division does not intend to mail updated copies of the MassHealth Drug List to providers each time the MassHealth Drug List is revised. To sign up for e-mail alerts that will notify you when the MassHealth Drug List has been updated, go to the MassHealth Drug List on the Division's Web site, and follow the instructions.

To get a paper copy of an updated list, submit a written request to the following address or fax number.

MassHealth Publications  
P.O. Box 9101  
Somerville, MA 02145  
Fax: 617-576-4487

Include your MassHealth provider number, address, and a contact name with your request. MassHealth Publications will send you the latest version of the list. You will need to submit another written request each time you want a paper copy.

## **Questions or Comments**

Pharmacists and prescribers who have questions or comments about the MassHealth Drug List may contact the Drug Utilization Review Program at 1-800-745-7318 or may e-mail the MassHealth Pharmacy Program at [masshealthdruglist@nt.dma.state.ma.us](mailto:masshealthdruglist@nt.dma.state.ma.us). The Division does not answer all e-mail inquiries directly, but will use these inquiries to develop frequently asked questions about the MassHealth Drug List for the Division's Web site.

When e-mailing a question or comment to the above e-mail address, please include your name, title, phone number, and fax number. This electronic mailbox should be used only for submitting questions or comments about the MassHealth Drug List. You will receive an automated response that acknowledges receipt of your e-mail. If you do not receive an automated reply, please resubmit your inquiry.

If a member has questions about the MassHealth Drug List, please refer the member to the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for the deaf and hard of hearing).

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# Alphabetic List

## A

A/B Otic (antipyrine/benzocaine)  
 abacavir  
 abacavir/lamivudine/zidovudine  
 Abilify (aripiprazole) – **PA**  
 A&D topical \*  
 antipyrine/benzocaine  
 Abelcet (amphotericin B)  
 acarbose  
 Accolate (zafirlukast)  
 Accuneb (albuterol)  
 Accupril (quinapril)  
 Accuretic (quinapril/hydrochlorothiazide)  
 Accutane (isotretinoin) – see Table 10, p. 41  
 Accuzyme (papain/urea)  
 acebutolol  
 Aceon (perindopril)  
 acetaminophen \*  
 Acetasol # (acetic acid)  
 acetazolamide  
 acetic acid  
 acetohexamide  
 acetohydroxamic acid  
 acetylcysteine  
 Achromycin # (tetracycline)  
 Aciphex (rabeprazole) – **PA**; see Table 3, p. 34  
 acitretin – see Table 10, p. 41  
 Aclovate (alclometasone) – **PA (effective 04/01/03)**; see Table 16, p. 47  
 Acova (argatroban) – **PA**  
 acrivastine/pseudoephedrine – **PA**; see Table 12, p. 43  
 Acthar (corticotropin)  
 Acticin (permethrin)  
 Actigall # (ursodiol)  
 Actimmune (interferon gamma-1b) – see Table 5, p. 36  
 Actiq (fentanyl transmucosal system) – **PA**; see Table 8, p. 39  
 Activella (estradiol/norethindrone)  
 Actonel (risedronate)  
 Actos (pioglitazone)  
 Acular (ketorolac)  
 acyclovir

Adalat # (nifedipine)  
 adapalene – **PA > 25 years**; see Table 10, p. 41  
 Adderall # (amphetamine salts)  
 Adoxa (doxycycline)  
 Adrenalin (epinephrine)  
 Adriamycin # (doxorubicin)  
 Adrucil # (fluorouracil)  
 Advair (fluticasone/salmeterol)  
 Advicor (lovastatin/niacin) – **PA**; see Table 13, p. 44  
 Aerobid (flunisolide)  
 Agenerase (amprenavir)  
 Aggrenox (dipyridamole/aspirin)  
 Agrylin (anagrelide)  
 A-Hydrocort # (hydrocortisone)  
 Ak-beta (levobunolol)  
 Akineton (biperiden)  
 Akne-Mycin (erythromycin)  
 Ak-Pentolate # (cyclopentolate)  
 Ak-Polybac # (bacitracin/polymyxin B)  
 Ak-Spore HC # (neomycin/polymyxin B/hydrocortisone)  
 Ak-Sulf # (sulfacetamide)  
 Aktob # (tobramycin)  
 Ak-tracin # (bacitracin)  
 Ak-Trol # (neomycin/polymyxin B/dexamethasone)  
 Alamast (pemirolast)  
 albendazole  
 Albenza (albendazole)  
 Albuminar-25 (albumin)  
 albumin  
 albuterol  
 albuterol/ipratropium  
 alclometasone – **PA (effective 04/01/03)**; see Table 16, p. 47  
 Aldactazide # (spironolactone/hydrochlorothiazide)  
 Aldactone # (spironolactone)  
 Aldara (imiquimod)  
 Aldoril-25 # (methyldopa/hydrochlorothiazide)  
 alendronate  
 Alesse # (ethinyl estradiol/levonorgestrel)  
 Alferon N (interferon alfa-n3, human leukocyte derived) – see Table 5, p. 36  
 alitretinoin – **PA**; see Table 10, p. 41  
 Alkeran (melphalan)

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**PA** Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment.

# This is a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

\* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

° Prior-authorization status depends on the drug’s formulation.

Note: Any drug that does not appear on the list requires prior authorization.

## Alphabetic List (cont.)

Allergen (benzocaine/antipyrine)  
Allegra (fexofenadine) – **PA**; see Table 12, p. 43  
Allegra-D (fexofenadine/pseudoephedrine) – **PA**;  
see Table 12, p. 43  
allopurinol  
almotriptan – **Limit six units/month (effective 04/01/03)**; see Table 14, p. 45  
Alocril (nedocromil)  
Alomide (lodoxamide)  
Alora # (estradiol)  
alosetron – **PA**  
Alphagan (brimonidine)  
Alphanate (antihemophilic factor, human)  
AlphaNine SD(factor IX, human)  
alprazolam  
alprostadiol – **PA**; see Table 6, p. 37  
Alrex (loteprednol)  
Altace (ramipril)  
Altinac (tretinoin) – **PA > 25 years**; see  
Table 10, p. 41  
Altacor (lovastatin extended release) – **PA**; see  
Table 13, p. 44  
aluminum carbonate \*  
aluminum hydroxide \*  
aluminum chloride  
Alupent # (metaproterenol)  
amantadine  
Amaryl (glimepiride)  
Ambien (zolpidem) – **Limit 10 units/month**; see  
Table 15, p. 46  
Ambisome (amphotericin B)  
amcinonide – **PA (effective 04/01/03)**; see  
Table 16, p. 47  
Amerge (naratriptan) – **PA**; see Table 14, p. 45  
Americaine # (benzocaine)  
A-Methapred # (methylprednisolone)  
Amicar # (aminocaproic acid)  
amikacin  
amiloride  
amiloride/hydrochlorothiazide  
Amino Acid Cervical (urea/sodium  
propionate/methionine/cystine/inositol)  
amino acid & electrolyte IV infusion  
aminocaproic acid  
Amino-Cerv pH 5.5 (urea/sodium propionate/  
methionine/cystine/inositol)  
aminoglutethimide  
aminophylline  
amiodarone  
amitriptyline  
amitriptyline/chlordiazepoxide  
amitriptyline/perphenazine  
amlodipine  
amlodipine/benazepril  
ammonium lactate  
amoxapine  
Amoxil # (amoxicillin)  
amoxicillin  
amoxicillin/clavulanate  
amphetamine salts  
amphotericin B  
ampicillin  
ampicillin/sulbactam  
amprenavir  
amylase/lipase/protease  
Anadrol-50 (oxymetholone)  
Anafranil # (clomipramine)  
anagrelide  
anakinra – **PA**; see Table 5, p. 36  
Anaprox # (naproxen) – see Table 11, p. 42  
Anaspaz # (hyoscyamine)  
anastrozole  
Ancef # (cefazolin)  
Ancobon (flucytosine)  
Androderm (testosterone)  
Androgel (testosterone)  
Android (methyltestosterone)  
Anexsia # (hydrocodone/acetaminophen) – see  
Table 8, p. 39  
Anolor-300 (butalbital/acetaminophen/cafeine)  
Ansaid # (flurbiprofen) – see Table 11, p. 42  
Antabuse (disulfiram)  
anthralin  
anti-inhibitor coagulant complex  
antihemophilic factor, human  
anithemophilic factor, recombinant  
antipyrine/benzocaine  
antithymocyte globulin, equine – see Table 1, p. 32  
antithymocyte globulin, rabbit – see Table 1,  
p. 32  
Antivert # (meclizine)  
Anusol-HC # (hydrocortisone) – see Table 16, p. 47  
Anzemet (dolasetron)  
APF # (sodium fluoride)

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PA Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment.

# This is a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

\* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

° Prior-authorization status depends on the drug’s formulation.

Note: Any drug that does not appear on the list requires prior authorization.

## Alphabetic List (cont.)

apraclonidine  
Apri (ethinyl estradiol/desogestrel)  
Aphthasol 5% (amlexanox)  
Aqua-Mephyton # (phytonadione)  
Aralen Hydrochloride (chloroquine)  
Aralen Phosphate # (chloroquine)  
Aranesp (darbepoetin) – **PA**; see Table 4, p. 35  
Arava (leflunomide)  
Aredia # (pamidronate)  
argatroban – **PA**  
Aricept (donepezil)  
Arimidex (anastrozole)  
aripiprazole – **PA**  
Aristocort (triamcinolone)  
Aristocort # (triamcinolone), topical – see Table 16, p. 47  
Aristocort A # (triamcinolone) – see Table 16, p. 47  
Aristocort Forte (triamcinolone)  
Aristospan (triamcinolone)  
Arixtra (fondaparinux) – **Limit 11 doses/Rx**  
Aromasin (exemestane)  
Artane # (trihexyphenidyl)  
Arthrotec (diclofenac/misoprostol) – **PA < 60 years**; see Table 11, p. 42  
artificial tears \*  
Asacol (mesalamine)  
ascorbic acid \*  
aspirin \*  
aspirin/buffers \*  
Astelin (azelastine) – see Table 12, p. 43  
Astramorph PF (morphine) – see Table 8, p. 39  
Atacand (candesartan)  
Atarax # (hydroxyzine) – see Table 12, p. 43  
atenolol  
atenolol/chlorthalidone  
atenolol/hydrochlorothiazide  
Atgam (antithymocyte globulin, equine) – see Table 1, p. 32  
Ativan # (lorazepam)  
atorvastatin – see Table 13, p. 44  
atovaquone  
atovaquone/proguanil  
atropine  
Atrovent # (ipratropium)  
Augmentin (amoxicillin/clavulanate)  
Auralgan # (antipyrine/benzocaine)

auranofin  
Aurodex (antipyrine/benzocaine)  
Aurolate (gold sodium thiomalate)  
aurothioglucose  
Auroto # (antipyrine/benzocaine)  
Avalide (irbesartan/hydrochlorothiazide)  
Avandamet (rosiglitazone/metformin) – **PA**  
Avandia (rosiglitazone)  
Avapro (irbesartan)  
AVC # (sulfanilamide)  
Avelox (moxifloxacin)  
Aventyl # (nortriptyline)  
Aviane # (ethinyl estradiol/levonorgestrel)  
Avinza (morphine extended-release) – **PA**; see Table 8, p. 39  
Avita # (tretinoin) – **PA > 25 years**; see Table 10, p. 41  
Avonex (interferon beta-1a) – see Table 5, p. 36  
Axert (almotriptan) – **Limit six units/month (effective 04/01/03)**; see Table 14, p. 45  
Axid # (nizatidine \*) – see Table 3, p. 34  
Axocet # (butalbital/acetaminophen)  
Aygestin # (norethindrone)  
Azactam (aztreonam)  
azatadine – **PA**; see Table 12, p. 43  
azatadine/pseudoephedrine – **PA**; see Table 12, p. 43  
azathioprine  
azelaic acid – **PA > 25 years**  
azelastine – see Table 12, p. 43  
Azelex (azelaic acid) – **PA > 25 years**  
azithromycin  
Azmacort (triamcinolone)  
Azopt (brinzolamide)  
aztreonam  
Azulfidine # (sulfasalazine)

## **B**

bacitracin \*  
bacitracin/polymyxin B  
baclofen – see Table 7, p. 38  
baclofen intrathecal – **PA**; see Table 7, p. 38  
Bactrim # (trimethoprim/sulfamethoxazole)  
Bactroban (mupirocin)  
balsalazide  
Banflex (orphenadrine) – see Table 7, p. 38

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PA Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment.

# This is a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

\* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

° Prior-authorization status depends on the drug’s formulation.

Note: Any drug that does not appear on the list requires prior authorization.

## Alphabetic List (cont.)

BayHep B (hepatitis B immune globulin, human) – see Table 1, p. 32  
BayRab (rabies immune globulin IM, human) – see Table 1, p. 32  
BayRho-D Full Dose (Rho(D) immune globulin IM) – see Table 1, p. 32  
BayRho-D Mini Dose (Rho(D) immune globulin IM, micro-dose) – see Table 1, p. 32  
BayTet (tetanus immune globulin IM, human) – see Table 1, p. 32  
BCG vaccine  
Bebulin VH Immuno (factor IX complex)  
becaplermin  
beclomethasone  
Beclovent (beclomethasone)  
Beconase (beclomethasone)  
belladonna/phenobarbital  
Benadryl # (diphenhydramine) – see Table 12, p. 43  
benazepril  
BeneFix (factor IX, recombinant)  
Benicar (olmesartan)  
Bentyl # (dicyclomine)  
Benzacilin (benzoyl peroxide/clindamycin) – **PA > 25 years**  
Benzamycin (benzoyl peroxide/erythromycin) – **PA > 25 years**  
benzocaine  
benzoyl peroxide \* – **PA > 25 years**  
benzoyl peroxide/clindamycin – **PA > 25 years**  
benzoyl peroxide/erythromycin – **PA > 25 years**  
benzoyl peroxide/hydrocortisone – **PA > 25 years**  
benzoyl peroxide/sulfur – **PA > 25 years**  
benztropine  
bepridil  
Betagan # (levobunolol)  
betaine  
betamethasone  
betamethasone, topical ° – see Table 16, p. 47  
Betapace # (sotalol)  
Betaseron (interferon beta 1-b) – see Table 5, p. 36  
Beta-Val # (betamethasone) – see Table 16, p. 47  
betaxolol  
bethanechol

Betimol (timolol)  
bexarotene  
Bextra (valdecoxib) – **PA < 60 years**; see Table 11, p. 42  
bicalutamide  
Bicitra (sodium citrate/citric acid)  
bimatoprost  
biperiden  
bisacodyl \*  
bismuth subsalicylate \*  
bismuth subsalicylate/tetracycline/metronidazole  
bisoprolol  
bisoprolol/hydrochlorothiazide  
bleomycin  
Bleph-10 # (sulfacetamide)  
Blephamide (sulfacetamide/prednisolone)  
bosentan – **PA**  
Botox (botulinum toxin type A) – **PA**  
botulinum toxin type A – **PA**  
botulinum toxin type B – **PA**  
Brethine # (terbutaline)  
Brevicon (ethinyl estradiol/norethindrone)  
brimonidine  
brinzolamide  
bromocriptine  
brompheniramine \* – see Table 12, p. 43  
brompheniramine/pseudoephedrine \* – see Table 12, p. 43  
budesonide  
bumetanide  
Bumex # (bumetanide)  
Buphenyl (sodium phenylbutyrate)  
bupivacaine  
Buprenex (buprenorphine)  
buprenorphine  
bupropion  
Buspar # (buspirone)  
buspirone  
butabarbital  
butalbital  
butalbital/acetaminophen  
butalbital/acetaminophen/caffeine  
butalbital/acetaminophen/codeine/caffeine  
butalbital/aspirin/caffeine  
butalbital/aspirin/codeine/caffeine  
butenafine  
Butisol (butabarbital)

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\* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

° Prior-authorization status depends on the drug’s formulation.

Note: Any drug that does not appear on the list requires prior authorization.

## Alphabetic List (cont.)

butoconazole  
butorphanol, injection  
butorphanol, nasal spray – **PA**

### **C**

cabergoline  
caffeine  
cefazolin  
Cafcit (caffeine)  
Cafergot (ergotamine/caffeine)  
calamine lotion \*  
Calan # (verapamil)  
Calciferol (ergocalciferol)  
Calcijex (calcitriol)  
calcium acetate  
calcium carbonate \*  
calcium citrate \*  
calcium glubionate \*  
calcium gluconate \*  
calcium phosphate \*  
calcifediol  
calcipotriene  
calcitonin, human  
calcitonin, salmon  
calcitriol  
Calderol (calcifediol)  
Camptosar (irinotecan)  
Candidas (caspofungin)  
candesartan  
Cantil (mepenzolate)  
capecitabine  
Capex (fluocinolone) ) – **PA (effective 04/01/03)**; see Table 16, p. 47  
Capitol (chloroxine)  
Capoten # (captopril)  
Capozide # (captopril/hydrochlorthiazide)  
capsaicin \*  
captopril  
captopril/hydrochlorothiazide  
Carac (fluorouracil)  
Carafate # (sucralfate)  
carbamazepine  
carbamide peroxide \*  
Carbatrol (carbamazepine)  
carbenicillin  
carbidopa  
carbidopa/levodopa  
carbinoxamine – see Table 12, p. 49  
carbinoxamine/pseudoephedrine – see Table 12, p. 49  
carboplatin  
Cardene # (nicardipine)  
Cardizem # (diltiazem)  
Cardura # (doxazosin)  
carisoprodol – see Table 7, p. 38  
Carmol (urea)  
Carnitor (levocarnitine)  
carteolol  
Cartia (diltiazem)  
carvedilol  
casanthranol \*  
Casodex (bicalutamide)  
caspofungin  
castor oil/peru balsam/trypsin  
Cataflam # (diclofenac)  
Catapres # (clonidine)  
Caverject (alprostadil) – **PA**; see Table 6, p. 37  
Cebocap (lactose)  
Ceclor # (cefaclor)  
Cedax (ceftibuten)  
Ceenu (lomustine)  
cefaclor  
cefadroxil  
cefazolin  
cefdinir  
cefditoren  
cefepime  
cefixime  
Cefizox (ceftizoxime)  
Cefotan (cefotetan)  
cefotaxime  
cefotetan  
cefoxitin  
cefpodoxime  
cefprozil  
ceftazidime  
ceftibuten  
Ceftin # (cefuroxime)  
ceftizoxime  
ceftriaxone  
cefuroxime  
Cefzil (cefprozil)  
Celebrex (celecoxib) – **PA < 60 years**; see Table 11,

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## Alphabetic List (cont.)

p. 42  
celecoxib – **PA < 60 years**; see Table 11, p. 42  
Celestone (betamethasone)  
Celexa (citalopram)  
Cellcept (mycophenolate)  
Celontin (methsuximide)  
Cenestin (estrogens, conjugated)  
cephalexin  
Cephulac # (lactulose)  
Cerezyme (imiglucerase)  
Cerumenex (triethanolamine)  
cevimeline  
cetirizine syrup – **PA > 12 years (except for LTC members)**; see Table 12, p. 43  
cetirizine tablets – **Limit 31 doses/month**; see Table 12, p. 43  
cetirizine/pseudoephedrine – **Limit 62 doses/month**; see Table 12, p. 43  
Chemet (succimer)  
chloral hydrate  
chlorambucil  
chloramphenicol  
chlordiazepoxide  
chlorhexidine gluconate \*  
Chloroptic # (chloramphenicol)  
chloroquine  
chloroxine  
chlorothiazide  
chloroxylonol/pramoxine/hydrocortisone  
chlorpheniramine \* – see Table 12, p. 43  
chlorpheniramine/phenylephrine – see Table 12, p. 43  
chlorpheniramine/pseudoephedrine \* – see Table 12, p. 43  
chlorpheniramine/pyrilamine/phenylephrine – see Table 12, p. 43  
chlorpromazine  
chlorpropamide  
chlorthalidone  
chlorzoxazone  
cholestyramine  
choline salicylate/magnesium salicylate  
Cibacalcin (calcitonin, human)  
ciclopirox  
cidofovir  
cilostazol  
Ciloxan (ciprofloxacin)  
cimetidine \* – see Table 3, p. 34  
Cinobac (cinoxacin)  
cinoxacin  
Cipro (ciprofloxacin)  
ciprofloxacin  
cisplatin  
citalopram  
citrate salts  
Claforan # (cefotaxime)  
Clarinox (desloratadine) – **Limit 31 doses/month**; see Table 12, p. 43  
clemastine – see Table 12, p. 43  
Cleocin # (clindamycin)  
Climara # (estradiol)  
Clindagel (clindamycin) – **PA > 25 years**  
clindamycin  
Clindets # (clindamycin)  
Clinoril # (sulindac) – see Table 11, p. 42  
clobetasol ° – see Table 16, p. 47  
clocortolone – **PA (effective 04/01/03)**; see Table 16, p. 47  
Cloderm (clocortolone) – **PA (effective 04/01/03)**; see Table 16, p. 47  
clomipramine  
clonazepam  
clonidine  
clonidine/chlorthalidone  
clopidogrel  
clorazepate  
Clorpres (clonidine/chlorthalidone)  
clotrimazole \*  
clotrimazole/betamethasone  
clozapine  
Clozaril # (clozapine)  
cod liver oil \*  
codeine – see Table 8, p. 39  
codeine/acetaminophen – see Table 8, p. 39  
codeine/aspirin – see Table 8, p. 39  
Cogentin # (benztropine)  
Cognex (tacrine)  
Colazal (balsalazide)  
colchicine/probenecid  
colesevelam  
Colestid (colestipol)  
colestipol  
colistimethate

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## Alphabetic List (cont.)

colistin/hydrocortisone/neomycin	Crolom (cromolyn)
collagenase	cromolyn
colloidal oatmeal *	crotamiton
Col-Probenecid # (colchicine/probenecid)	Cuprimine (penicillamine)
Coly-Mycin (colistimethate)	Cutivate (fluticasone) – <b>PA (effective 04/01/03)</b> ; see Table 16, p. 47
CoLyte # (polyethylene glycol-electrolyte solution)	cyanocobalamin *
Combipatch (estradiol/norethindrone)	Cyclessa (ethinyl estradiol/desogestrel)
Combipres (clonidine/chlorthalidone)	cyclobenzaprine
Combivent (albuterol/ipratropium)	Cyclocort (amcinonide) – <b>PA (effective 04/01/03)</b> ; see Table 16, p. 47
Combivir (lamivudine/zidovudine)	Cyclogyl # (cyclopentolate)
Compazine # (prochlorperazine)	Cyclomydril (cyclopentolate/phenylephrine)
Compro (prochlorperazine)	cyclopentolate
Comtan (entacapone)	cyclopentolate/phenylephrine
Concerta (methylphenidate)	cyclophosphamide
Condylox (podofilox)	cyclosporine
Constulose (lactulose)	Cylert # (pemoline)
Copaxone (glatiramer)	cyproheptadine – see Table 12, p. 43
Copegus (ribavirin)	Cystadane (betaine)
copper IUD	Cystagon (cysteamine)
Cordarone # (amiodarone)	cysteamine
Cordan (flurandrenolide) – <b>PA (effective 04/01/03)</b> ; see Table 16, p. 47	Cystospaz # (hyoscyamine)
Coreg (carvedilol)	Cytadren (aminogluthethimide)
Corgard # (nadolol)	cytarabine
Cormax # (clobetasol) – see Table 16, p. 47	CytoGam (cytomegalovirus immune globulin IV, human) – see Table 1, p. 32
Cortane-B (chloroxylenol/pramoxine/hydrocortisone)	cytomegalovirus immune globulin IV, human – see Table 1, p. 32
Cortef # (hydrocortisone)	Cytomel (liothyronine)
corticotropin	Cytosar-U # (cytarabine)
Cortifoam (hydrocortisone)	Cytotec # (misoprostol)
cortisone	Cytovene (ganciclovir)
Cortisporin # (neomycin/polymyxin B/hydrocortisone)	Cytoxan # (cyclophosphamide)
Cortisporin-TC (colistin/hydrocortisone/neomycin)	Cytra-2 (sodium citrate/citric acid)
Cortomycin (neomycin/polymyxin B/hydrocortisone)	Cytra-3 (potassium citrate/sodium citrate/citric acid)
Cortrosyn (cosyntropin)	Cytra-K (potassium citrate/citric acid)
Corzide (nadolol/bendroflumethiazide)	
Cosopt (dorzolamide/timolol)	<b>D</b>
cosyntropin	D.H.E. 45 (dihydroergotamine mesylate)
Coumadin # (warfarin)	dacarbazine
Covera-HS (verapamil)	Dalmane # (flurazepam) – <b>Limit 10 units/month</b> ; see Table 15, p. 46
Cozaar (losartan)	dalteparin
Creon (amylase/lipase/protease)	danazol
Crixivan (indinavir)	Danocrine # (danazol)

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## Alphabetic List (cont.)

Dantrium (dantrolene)	desoximetasone – see Table 16, p. 47
dantrolene	Desoxyn (methamphetamine) – <b>PA</b>
dapsone	Desyrel # (trazodone)
Daranide (dichlorphenamide)	Detrol (tolterodine)
Daraprim (pyrimethamine)	Dexacidin (neomycin/polymyxin B/ dexamethasone)
darbepoetin alpha – <b>PA</b> ; see Table 4, p. 35	Dexacine (neomycin/polymyxin B/ dexamethasone)
Darvocet-N # (propoxyphene napsylate/ acetaminophen) – see Table 8, p. 39	dexamethasone
Darvon # (propoxyphene) – see Table 8, p. 39	dexamethasone/neomycin
Darvon-N (propoxyphene napsylate) – see Table 8, p. 39	Dexasporin (neomycin/polymyxin B/ dexamethasone)
Daypro # (oxaprozin) – see Table 11, p. 42	dexbrompheniramine/pseudoephedrine – see Table 12, p. 43
DDAVP # (desmopressin)	dexchlorpheniramine – see Table 12, p. 43
Deca-Durabolin (nandrolone)	Dexedrine # (dextroamphetamine)
Declomycin (demeclocycline)	Dexferrum (iron dextran)
deferoxamine	dexmethylphenidate
Delatestryl (testosterone)	dextroamphetamine
Delestrogen # (estradiol)	dextrose
Deltasone # (prednisone)	Dextrostat # (dextroamphetamine)
delavirdine	DHT (dihydrotachysterol)
Demadex # (torsemide)	Diabeta # (glyburide)
demeclocycline	Diabinese # (chlorpropamide)
Demerol # (meperidine)	Diamox # (acetazolamide)
Demser (metyrosine)	Diastat (diazepam)
Demulen # (ethinyl estradiol/ethynodiol)	diazepam – see Table 7, p. 38
Denavir (penciclovir)	diazoxide
Depacon (valproate)	dichlorphenamide
Depakene # (valproic acid)	diclofenac – see Table 11, p. 42
Depakote (divalproex)	diclofenac/misoprostol – <b>PA &lt; 60 years</b> ; see Table 11, p. 42
Depen (penicillamine)	dicloxacillin
Depo-Estradiol (estradiol)	dicyclomine
Depo-Medrol # (methylprednisolone)	didanosine
Deponit (nitroglycerin)	Didronel (etidronate)
Depo-Provera (medroxyprogesterone)	Dienestrol
Depo-Testosterone (testosterone)	Differin (adapalene) – <b>PA &gt; 25 years</b> ; see Table 10, p. 41
Derma-Smoother/FS (fluocinolone) – <b>PA</b> (effective 04/01/03); see Table 16, p. 47	diflorasone – see Table 16, p. 47
Dermatop (prednicarbate) – <b>PA (effective</b> <b>04/01/03)</b> ; see Table 16, p. 47	Diflucan (fluconazole)
Desferal (deferoxamine)	diflunisal – see Table 11, p. 42
desipramine	Digitek (digoxin)
desloratadine – <b>Limit 31 doses/month</b> ; see Table 12, p. 43	digoxin
desmopressin	dihydrocodeine/aspirin/cafeine
Desogen # (ethinyl estradiol/desogestrel)	dihydroergotamine
desonide – see Table 16, p. 47	dihydrotachysterol
DesOwen # (desonide) – see Table 16, p. 47	

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## Alphabetic List (cont.)

Dilacor # (diltiazem)  
Dilantin (phenytoin)  
Dilatrate-SR (isosorbide)  
Dilaudid # (hydromorphone)  
diltiazem  
Diovan (valsartan)  
Diovan HCT (valsartan/hydrochlorothiazide)  
Dipentum (olsalazine)  
diphenhydramine \* – see Table 12, p. 43  
diphenhydramine/pseudoephedrine – see Table 12, p. 43  
diphenoxylate/atropine  
dipivefrin  
Diprolene (betamethasone) – **PA (effective 04/01/03)**; see Table 16, p. 47  
Diprolene AF (betamethasone) – **PA (effective 04/01/03)**; see Table 16, p. 47  
Diprosone (betamethasone) – **PA (effective 04/01/03)**; see Table 16, p. 47  
dipyridamole  
dipyridamole/aspirin  
Diquinol (iodoquinol)  
dirithromycin  
Disalcid # (salsalate)  
disopyramide  
disulfiram  
Ditropan # (oxybutynin)  
Diuril # (chlorothiazide)  
divalproex  
docetaxel  
docusate sodium \*  
dofetilide  
dolasetron  
Dolobid # (diflunisal) – see Table 11, p. 42  
Dolophine # (methadone) – see Table 8, p. 39  
Domeboro # (aluminum acetate)  
donepezil  
Doral (quazepam) – **PA**; see Table 15, p. 46  
dornase alpha  
Doryx (doxycycline)  
dorzolamide  
dorzolamide/timolol  
Dostinex (cabergoline)  
Dovonex (calcipotriene)  
doxazosin  
doxepin  
doxercalciferol

doxorubicin  
doxycycline  
Drisdol # (ergocalciferol)  
dronabinol – **PA**  
droperidol  
Droxia (hydroxyurea)  
Drysol (aluminum chloride)  
DTIC-Dome # (dacarbazine)  
Duoneb (albuterol/ipratropium)  
Duphalac (lactulose)  
Duragesic (fentanyl) – **Limit 30 patches/month; PA > 200 mcg/hour (effective 04/01/03)**; see Table 8, p. 39  
Duramorph (morphine) – see Table 8, p. 39  
Duricef # (cefadroxil)  
Dyazide # (triamterene/hydrochlorothiazide)  
Dynabac (dirithromycin)  
Dynacin # (minocycline)  
Dynacirc (isradipine)  
Dynapen (dicloxacillin)  
Dyphylline-GG (dyphylline/guaifenesin)  
dyphylline/guaifenesin

## E

Econopred # (prednisolone)  
echothiophate iodine  
econazole  
Edecrin (ethacrynic acid)  
Edex (alprostadil) – **PA**; see Table 6, p. 37  
efavirenz  
Effexor (venlafaxine)  
Efudex (fluorouracil)  
electrolyte solution, pediatric \*  
Elavil # (amitriptyline)  
Eldepryl # (selegiline)  
Elidel (pimecrolimus)  
Eligard (leuprolide) – **PA**; see Table 2, p. 33  
Elimite # (permethrin)  
Elitek (rasburicase)  
Elixophyllin-KI (theophylline/potassium iodide)  
Ellence (epirubicin)  
Elmiron (pentosan)  
Elocon (mometasone) – **PA (effective 04/01/03)**; see Table 16, p. 47  
Eloxatin (oxaliplatin)  
emedastine

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## Alphabetic List (cont.)

Emadine (emedastine)	Esclim # (estradiol)
Embeline # (clobetasol) – see Table 16, p. 47	Esgic # (butalbital/acetaminophen/caffeine)
Emcyt (estramustine)	Eskalith # (lithium)
Emgel # (erythromycin)	esomeprazole – <b>PA</b> ; see Table 3, p. 34
EMLA (lidocaine/prilocaine)	estazolam – <b>Limit 10 units/month</b> ; see Table 15, p. 46
E-Mycin # (erythromycin)	estrogens, conjugated
enalapril	estrogens, esterified
enalapril/felodipine	estrogens, esterified/methyltestosterone
enalapril/hydrochlorothiazide	Estinyl (ethinyl estradiol)
Enbrel (etanercept) – <b>PA</b> ; see Table 5, p. 36	Estrace # (estradiol)
Endocet (oxycodone/acetaminophen) – see Table 8, p. 39	Estraderm (estradiol)
Endocodone (oxycodone) – see Table 8, p. 39	estradiol
Endodan (oxycodone/aspirin) – see Table 8, p. 39	estradiol/medroxyprogesterone
Enduron # (methyclothiazide)	estradiol/norethindrone
Enduronyl (methyclothiazide/deserpidine)	estramustine
Engerix-B (hepatitis B, recombinant vaccine)	Estratab # (estrogens, esterified)
enoxaparin	Estratest (estrogens, esterified/methyltestosterone)
entacapone	Estring (estradiol)
Entocort (budesonide)	estriol
Enulose (lactulose)	estrogens, conjugated
Enpresse (levonorgestrel/ethinyl estradiol)	estrogens, conjugated/medroxyprogesterone
Epifoam (hydrocortisone/pramoxine)	estropipate
Epifrin # (epinephrine)	Estrostep Fe (ethinyl estradiol/norethindrone)
epinephrine	Estrostep 21 (ethinyl estradiol/norethindrone)
Epipen (epinephrine)	etanercept – <b>PA</b> ; see Table 5, p. 36
epirubicin	ethacrynic acid
Epitol (carbamazepine)	ethambutol
Epivir (lamivudine)	Ethezyme (papain/urea)
epoetin alfa – <b>PA</b> ; see Table 4, p. 35.	ethinyl estradiol
Epogen (epoetin alfa) – <b>PA</b> ; see Table 4, p. 35	ethinyl estradiol/desogestrel
epoprostenol	ethinyl estradiol/drospirenone
eprosartan	ethinyl estradiol/ethynodiol
Equagesic (meprobamate/aspirin)	ethinyl estradiol/levonorgestrel
Equanil (meprobamate)	ethinyl estradiol/norelgestromin
ergocalciferol	ethinyl estradiol/norethindrone
ergoloid	ethinyl estradiol/norgestimate
Ergomar (ergotamine)	ethinyl estradiol/norgestrel
ergotamine	Ethmazine (moricizine)
ergotamine/caffeine	ethosuximide
Eryped # (erythromycin)	ethotoin
Ery-tab (erythromycin)	etidronate
Erythrocin (erythromycin)	etodolac – see Table 11, p. 42
erythromycin	etonogestrel/ethinyl estradiol
erythromycin/sulfisoxazole	etoposide
escitalopram	etretinate – see Table 10, p. 41

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## Alphabetic List (cont.)

Eulexin # (flutamide)  
Eurax (crotamiton)  
Evista (raloxifene)  
Evoxac (cevimeline)  
Exelderm (sulconazole)  
Exelon (rivastigmine)  
exemestane  
ezetimibe – **PA**

## E

factor IX complex  
factor IX, human  
factor IX, recombinant  
famotidine \* – see Table 3, p. 34  
famciclovir  
Famvir (famciclovir)  
Farbital (butalbital/aspirin/cafeine)  
Fareston (toremifene)  
Faslodex (fulvestrant) – **PA**  
fat emulsion, intravenous  
Feiba VH Immuno (anti-inhibitor coagulant complex)  
felbamate  
Felbatol (felbamate)  
Feldene # (piroxicam) – see Table 11, p. 42  
felodipine  
Femara (letrozole)  
Femhrt (ethinyl estradiol/norethindrone)  
fenofibrate  
fenoprofen – see Table 11, p. 42  
fentanyl, injection – see Table 8, p. 39  
fentanyl, transdermal system – **Limit 30 patches/month; PA > 200 mcg/hour (effective 04/01/03)**; see Table 8, p. 39  
fentanyl, transmucosal system – **PA**; see Table 8, p. 39  
Ferrlecit (sodium ferric gluconate complex)  
ferrous fumarate \*  
ferrous gluconate \*  
ferrous sulfate \*  
fexofenadine – **PA**; see Table 12, p. 43  
fexofenadine/pseudoephedrine – **PA**; see Table 12, p. 43  
filgrastim – **PA**; see Table 4, p. 35  
finasteride  
Finevin (azelaic acid) – **PA > 25 years**

Fioricet # (butalbital/acetaminophen/cafeine)  
Fioricet/codeine # (butalbital/acetaminophen/codeine/cafeine)  
Fiorinal # (butalbital/aspirin/cafeine)  
Fiorinal/codeine # (butalbital/codeine/aspirin/cafeine)  
Firopap (butalbital/acetaminophen/cafeine)  
Fiortal (butalbital/aspirin/cafeine)  
Flagyl # (metronidazole)  
Flarex # (fluorometholone)  
flavoxate  
flecainide  
Flexeril # (cyclobenzaprine) – see Table 7, p. 38  
Flexoject (orphenadrine) – see Table 7, p. 38  
Flexon (orphenadrine) – see Table 7, p. 38  
Flolan (epoprostenol)  
Flomax (tamsulosin)  
Flonase (fluticasone)  
Florinef (fludrocortisone)  
fluormetholone  
Flovent (fluticasone)  
Floxin (ofloxacin)  
flucytosine  
fluconazole  
fludrocortisone  
Flumadine # (rimantadine)  
flunisolide  
fluocinolone ° – see Table 16, p. 47  
fluocinonide – see Table 16, p. 47  
fluorides  
Fluoritab (sodium fluoride)  
fluormetholone  
fluormetholone/sulfacetamide  
Fluor-op (fluormetholone)  
Fluoroplex (fluorouracil)  
fluorouracil  
fluoxetine  
fluoxymesterone  
fluphenazine  
flurandrenolide ° – see Table 16, p. 47  
flurazepam – **Limit 10 units/month**; see Table 15, p. 46  
flurbiprofen – see Table 11, p. 42  
fluroxamine  
flutamide  
fluticasone

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PA Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment.

# This is a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

\* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

° Prior-authorization status depends on the drug’s formulation.

Note: Any drug that does not appear on the list requires prior authorization.

## Alphabetic List (cont.)

fluticasone, topical – **PA (effective 04/01/03)**;  
see Table 16, p. 47  
fluticasone/salmeterol  
fluvastatin – see Table 13, p. 44  
fluvastatin extended release – see Table 13,  
p. 44  
Fluvirin (influenza vaccine)  
fluvoxamine  
FML # (fluorometholone)  
FML-S (fluorometholone/sulfacetamide)  
Focalin (dexamethylphenidate)  
folic acid \*  
fondaparinux – **Limit 11 doses/Rx**  
Foradil (formoterol)  
formaldehyde  
Formaldehyde-10 (formaldehyde)  
formoterol fumarate  
Fortaz (ceftazidime)  
Fortovase (saquinavir)  
Fosamax (alendronate)  
foscarnet  
Foscavir (foscarnet)  
fosfomycin  
fosinopril  
Fragmin (dalteparin)  
Frova (frovatriptan) – **PA**; see Table 14, p. 45  
frovatriptan – **PA**; see Table 14, p. 45  
fulvestrant – **PA**  
Fulvicin # (griseofulvin)  
Fungizone (amphotericin B)  
Furacin (nitrofurazone)  
Furadantin (nitrofurantoin)  
furazolidone  
furosemide  
Furoxone (furazolidone)

## **G**

gabapentin  
Gabitril (tiagabine)  
galantamine  
Gamimune N (immune globulin IV, human) –  
**PA**; see Table 1, p. 32  
Gammagard S/D (immune globulin IV, human) –  
**PA**; see Table 1, p. 32

Gammar-P IV (immune globulin IV, human) – **PA**;  
see Table 1, p. 32  
Gamulin Rh (Rho(D) immune globulin IM) – see  
Table 1, p. 32  
ganciclovir  
Gantrisin (sulfisoxazole)  
Gastrocrom (cromolyn)  
gatifloxacin  
gelatin  
gemcitabine  
gemfibrozil  
Gemzar (gemcitabine)  
Gengraf (cyclosporine)  
Genora (ethinyl estradiol/norethindrone)  
Genotropin (somatropin) – **PA**; see Table 9, p. 40  
Gentacidin (gentamicin)  
Gentak (gentamicin)  
gentamicin  
Geocillin (carbenicillin)  
Geodon (ziprasidone)  
Geodon (ziprasidone) injection  
glatiramer  
Gleevec (imatinib)  
glimepiride  
glipizide/metformin – **PA**  
glucagon  
gluconic acid/citric acid  
Glucophage # (metformin)  
Glucotrol # (glipizide)  
Glucovance (glyburide/metformin) – **PA (effective  
04/01/03)**  
glyburide/metformin – **PA (effective 04/01/03)**  
glycerin  
glycopyrrolate  
Glynase # (glyburide)  
Glyset (miglitol)  
gold sodium thiomalate  
GoLYTELY # (polyethylene glycol-electrolyte  
solution)  
goserelin – **PA**; see Table 2, p. 33  
granisetron  
Granul-derm (castor oil/peru balsam/trypsin)  
Granulex # (castor oil/peru balsam/trypsin)  
Grifulvin # (griseofulvin)  
griseofulvin  
Gris-Peg # (griseofulvin)  
guaifenesin/dyphylline

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° Prior-authorization status depends on the drug’s formulation.

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## Alphabetic List (cont.)

guanabenz  
guanfacine  
Gynazole-1 (butoconazole)  
Gynodiol (estradiol)

## H

HBIG (hepatitis B immune globulin, human) – see Table 1, p. 32  
Halcion # (triazolam) – **Limit 10 units/month**; see Table 15, p. 46  
halcinonide – **PA (effective 04/01/03)**; see Table 16, p. 47  
Haldol # (haloperidol)  
halobetasol – **PA (effective 04/01/03)**; see Table 16, p. 47  
Halog (halcinonide) – **PA (effective 04/01/03)**; see Table 16, p. 47  
Halog-E (halcinonide) – **PA (effective 04/01/03)**; see Table 16, p. 47  
haloperidol  
Haponal (belladonna/phenobarbital)  
Havrix (hepatitis A vaccine, inactivated)  
Hectorol (doxercalciferol)  
Helidac (bismuth subsalicylate/tetracycline/metronidazole)  
Helixate (antithemophilic factor, recombinant)  
Hemofil-M (antithemophilic factor, recombinant)  
Hep-Lock # (heparin)  
heparin  
heparin lock flush  
hepatitis A vaccine, inactivated  
hepatitis A vaccine inactivated/hepatitis B, recombinant vaccine  
hepatitis B immune globulin, human – see Table 1, p. 32  
hepatitis B, recombinant vaccine  
Herceptin (trastuzumab)  
hexachlorophene  
Hiprex (methenamine)  
Hivid (zalcitabine)  
homatropine  
Humate-P (antihemophilic factor, human)  
Humatin # (paromomycin)  
Humatrope (somatropin) – **PA**; see Table 9, p. 40  
Hyalgan (sodium hyaluronate) – **PA**

hyaluronate  
hydralazine  
hydralazine/hydrochlorothiazide  
Hydra-zide # (hydralazine/hydrochlorothiazide)  
Hydrea # (hydroxyurea)  
Hydrocet # (hydrocodone/acetaminophen) – see Table 8, p. 39  
hydrochlorothiazide  
hydrocodone – see Table 8, p. 39  
hydrocodone/acetaminophen – see Table 8, p. 39  
hydrocortisone  
hydrocortisone, topical ° – see Table 16, p. 47  
hydrocortisone/lidocaine  
hydrogen peroxide \*  
hydromorphone  
hydroxychloroquine  
hydroxycobalamin  
hydroxyprogesterone  
hydroxyurea  
hydroxyzine – see Table 12, p. 43  
hylan polymers – **PA**  
Hylutin (hydroxyprogesterone)  
hyoscyamine  
hyoscyamine/phenobarbital  
Hyosol/SL (hyoscyamine, sublingual)  
Hyospaz (hyoscyamine)  
HyperHep (hepatitis B immune globulin, human) – see Table 1, p. 32  
HypRho-D (Rho(D) immune globulin IM) – see Table 1, p. 32  
HypRho-D Mini-Dose (Rho(D) immune globulin IM micro-dose) – see Table 1, p. 32  
Hytakerol (dihydrotachysterol)  
Hytone # (hydrocortisone) – see Table 16, p. 47  
Hytrin # (terazosin)  
Hyzaar (losartan/hydrochlorothiazide)

## I

ibuprofen \* – see Table 11, p. 42  
imatinib  
Imdur # (isosorbide)  
imiglucerase  
imipenem/cilastatin  
imipramine  
imiquimod  
Imitrex (sumatriptan) – **PA**; see Table 14, p. 45

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## Alphabetic List (cont.)

Imitrex (sumatriptan), injection – **Limit six units/month (effective 04/01/03)**; see Table 14, p. 45  
immune globulin IV, human – **PA**; see Table 1, p. 32  
Imogam Rabies-HT (rabies immune globulin IM, human) – see Table 1, p. 32  
Imovax (rabies vaccine)  
Imuran # (azathioprine)  
Inapsine # (droperidol)  
indapamide  
Inderal # (propranolol)  
Inderide # (propranolol/hydrochlorothiazide)  
indinavir  
Indocin # (indomethacin) – see Table 11, p. 42  
indomethacin – see Table 11, p. 42  
Infed (iron dextran)  
Infergen (interferon alfacon-1) – see Table 5, p. 36  
Inflamase # (prednisolone/sodium phosphate)  
infliximab – **PA**; see Table 5, p. 36  
influenza vaccine  
Infumorph (morphine) – see Table 8, p. 39  
insulins \*  
Intal # (cromolyn)  
interferon alfa-n3, human leukocyte derived – see Table 5, p. 36  
interferon alfa-2a – see Table 5, p. 36  
interferon alfa-2b – see Table 5, p. 36  
interferon alfa-2b recombinant/ribavirin – see Table 5, p. 36  
interferon alfacon-1 – see Table 5, p. 36  
interferon beta-1a – see Table 5, p. 36  
interferon beta-1b – see Table 5, p. 36  
interferon gamma-1b – see Table 5, p. 36  
Intron A (interferon alfa-2b) – see Table 5, p. 36  
Inversine (mecamylamine)  
Invirase (saquinavir)  
iodine \*  
iodoquinol/hydrocortisone  
lopidine (apraclonidine)  
ipratropium  
irbesartan  
irbesartan/hydrochlorothiazide  
irinotecan  
iron dextran  
iron sucrose

Ismo # (isosorbide)  
isoetharine  
isoniazid  
isopropyl alcohol \*  
Isoptin # (verapamil)  
Isordil # (isosorbide)  
isosorbide  
isotretinoin – see Table 10, p. 41  
isradipine  
itraconazole  
Iveegam EN (immune globulin IV, human) – **PA**; see Table 1, p. 32  
ivermectin

## J

Japanese encephalitis virus vaccine  
Jenest-28 (ethinyl estradiol/norethindrone)  
JE-Vax (Japanese encephalitis virus vaccine)

## K

Kadian (morphine) – see Table 8, p. 39  
Kaletra (lopinavir/ritonavir)  
Kaochlor (potassium chloride)  
kaolin/pectin \*  
Kaon-Cl (potassium chloride)  
Kariva (ethinyl estradiol/desogestrel)  
Kayexalate # (sodium polystyrene sulfonate)  
K-Dur # (potassium chloride)  
Keflex # (cephalexin)  
Keftab (cephalexin)  
Kefurox # (cefuroxime)  
Kemadrin (procyclidine)  
Kenalog # (triamcinolone) – see Table 16, p. 47  
Keppra (levetiracetam)  
Kerlone # (betaxolol)  
ketamine  
ketoconazole  
ketoprofen \* – see Table 11, p. 42  
ketorolac – see Table 11, p. 42  
ketotifen  
Kineret (anakinra) – **PA**; see Table 5, p. 36  
Kionex # (sodium polystyrene sulfonate)  
Klaron (sulfacetamide)  
Klonopin # (clonazepam)  
K-Lor # (potassium chloride)  
Klor-Con # (potassium bicarbonate)

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## Alphabetic List (cont.)

Klotrix (potassium iodide)  
K-Lyte (potassium bicarbonate)  
K-Lyte/Cl # (potassium chloride/potassium bicarbonate)  
Koate-DVI (antihemophilic factor, human)  
Kogenate (antihemophilic factor, recombinant)  
Konyne 80 (factor IX complex)  
Kovia (papain/urea)  
K-Phos Original (sodium phosphate)  
K-Phos M.F. (potassium phosphate/sodium phosphate)  
K-Phos Neutral (potassium phosphate/dibasic sodium phosphate/monobasic sodium phosphate)  
K-Phos No. 2 (potassium phosphate/sodium phosphate/phosphorus)  
Kristalose (lactulose)  
K-Tab (potassium chloride)  
Kutapressin (liver derivative complex)  
K-Vescent Potassium Chloride (potassium chloride)  
Kytril (granisetron)

## L

labetalol  
Lac-Hydrin # (ammonium lactate)  
LAClotion (ammonium lactate)  
lactic acid #  
lactic acid/vitamin E  
Lactinol (lactic acid)  
Lactinol-E (lactic acid/vitamin E)  
lactose  
lactulose  
Lamictal (lamotrigine)  
Lamisil (terbinafine)  
lamivudine  
lamivudine/zidovudine  
lamotrigine  
lanolin \*  
Lanoxicaps (digoxin)  
Lanoxin # (digoxin)  
lansoprazole – **PA > 16 years (except suspension for LTC members)**; see Table 3, p. 34  
lansoprazole/amoxicillin/clarithromycin  
Lantus (insulin glargine)

Lariam (mefloquine)  
Larodopa (levodopa)  
Lasix # (furosemide)  
latanoprost  
Lazer Formalyde (formaldehyde)  
L-Carnitine (levocarnitine)  
leflunomide  
lepirudin – **PA**  
Lescol (fluvastatin) – see Table 13, p. 44  
Lescol XL (fluvastatin extended release) – see Table 13, p. 44  
letrozole  
leucovorin  
Leukeran (chlorambucil)  
Leukine (sargramostim) – **PA**; see Table 4, p. 35  
leuprolide – **PA**; see Table 2, p. 33  
levalbuterol  
Levaquin (levofloxacin)  
Levatol (penbutolol)  
Levid (hyoscyamine)  
levetiracetam  
Leven # (ethinyl estradiol/levonorgestrel)  
Levlite (ethinyl estradiol/levonorgestrel)  
levobunolol  
levocabastine  
levocarnitine  
Levo-Dromoran # (levorphanol) – see Table 8, p. 39  
levodopa  
levofloxacin  
Levora # (ethinyl estradiol/levonorgestrel)  
levonorgestrel  
levorphanol – see Table 8, p. 39  
Levothroid (levothyroxine)  
levothyroxine  
Levoxyl (levothyroxine)  
Levsin (hyoscyamine)  
Levsin PB (hyoscyamine/phenobarbital)  
Levsinex Timecaps # (hyoscyamine)  
Lexapro (escitalopram)  
Lexxel (enalapril/felodipine)  
Lida-Mantle-HC Cream  
(hydrocortisone/lidocaine)  
Lidex # (fluocinonide) – see Table 16, p. 47  
lidocaine  
lidocaine patch – **PA (effective 04/01/03)**  
lidocaine/prilocaine  
Lidoderm (lidocaine) – **PA (effective 04/01/03)**

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## Alphabetic List (cont.)

lindane  
linezolid  
Lioresal # (baclofen) – see Table 7, p. 38  
Lioresal Intrathecal (baclofen) – **PA**; see Table 7, p. 38  
liothyronine  
liothyronine/thyroxine  
Liotrix (liothyronine/thyroxine)  
Lipitor (atorvastatin) – see Table 13, p. 44  
Liposyn # (fat emulsion, intravenous)  
Lipram (amylase/lipase/protease)  
lisinopril  
lisinopril/hydrochlorothiazide  
lithium  
Lithobid (lithium)  
Lithostat (acetohydroxamic acid)  
liver derivative complex  
Livostin (levocabastine)  
Lo/Ovral # (ethinyl estradiol/norgestrel)  
LoCHOLEST # (cholestyramine)  
Locoid (hydrocortisone) – **PA (effective 04/01/03)**; see Table 16, p. 47  
lodaxamide  
Lodine # (etodolac) – see Table 11, p. 42  
Lodosyn (carbidopa)  
Loestrin # (ethinyl estradiol/norethindrone)  
Lomotil # (diphenoxylate/atropine)  
lomustine  
Lonox # (diphenoxylate/atropine)  
loperamide \*  
lopinavir/ritonavir  
Lopid # (gemfibrozil)  
Lopressor # (metoprolol)  
Loprox (ciclopirox)  
Lorabid (loracarbef)  
loracarbef  
lorazepam  
Lorcet # (hydrocodone/acetaminophen) – see Table 8, p. 39  
Lortab # (hydrocodone/acetaminophen) – see Table 8, p. 39  
losartan  
losartan/hydrochlorothiazide  
Lotemax (loteprednol)  
Lotensin (benazepril)  
loteprednol  
Lotrel (amlodipine/benazepril)

Lotrimin # (clotrimazole)  
Lotrisone # (clotrimazole/betamethasone)  
Lotronex (alosetron) – **PA**  
lovastatin – see Table 13, p. 44  
lovastatin extended release – **PA**; see Table 13, p. 44  
lovastatin/niacin – **PA**; see Table 13, p. 44  
Lovenox (enoxaparin)  
Low-Ogestrel # (ethinyl estradiol/norgestrel)  
loxapine  
Loxitane # (loxapine)  
Lozol # (indapamide)  
Lufyllin-GG (dyphylline/guaifenesin)  
Lumigan (bimatoprost)  
Lunelle (estradiol/medroxyprogesterone)  
Lupron (leuprolide) – **PA**; see Table 2, p. 33  
Luride # (sodium fluoride)  
Luvox # (fluvoxamine)  
Luxiq (betamethasone) – **PA (effective 04/01/03)**; see Table 16, p. 47

## M

Macrobid (nitrofurantoin)  
Macrochantin # (nitrofurantoin)  
mafenide  
magaldrate \*  
magnesium carbonate/citric acid/gluconolactone  
magnesium citrate \*  
magnesium gluconate \*  
magnesium hydroxide \*  
magnesium trisalicylate \*  
Malarone (atovaquone/proguanil)  
Mandelamine (methenamine)  
maprotiline  
Marcaine # (bupivacaine)  
Marinol (dronabinol) – **PA**  
Marten-tab # (butalbital/acetaminophen)  
Matulane (procarbazine)  
Mavik (trandolapril)  
Maxair (pirbuterol)  
Maxalt (rizatriptan) – **PA**; see Table 14, p. 45  
Maxalt-MLT (rizatriptan) orally disintegrating tablet – **PA**; Table 14, p. 45  
Maxidex (dexamethasone)

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## Alphabetic List (cont.)

Maxidone (hydrocodone/acetaminophen) – **PA**  
(effective 04/01/03); see Table 8, p. 39  
Maxipime (cefepime)  
Maxitrol # (neomycin/polymyxin B/  
dexamethasone)  
Maxzide # (triamterene/hydrochlorothiazide)  
mecamylamine  
Mebaral (mephobarbital)  
mebendazole  
mechlorethamine  
meclizine \*  
meclofenamate – see Table 11, p. 42  
Medrol # (methylprednisolone)  
medroxyprogesterone  
medroxyprogesterone/estrogen, conjugated  
mefenamic acid – **PA**; see Table 11, p. 42  
mefloquine  
Mefoxin # (cefoxitin)  
Megace # (megestrol)  
megestrol  
Mellaril # (thioridazine)  
meloxicam – **PA < 60 years**; see Table 11, p. 42  
melphalan  
Menest (estrogens, esterified)  
meningococcal polysaccharide vaccine  
Menomune-A/C/Y/W-135 (meningococcal  
polysaccharide vaccine)  
Mentax (butenafine)  
mepenzolate  
meperidine – see Table 8, p. 39  
mephobarbital  
Mephyton (phytonadione)  
meprobamate  
meprobamate/aspirin  
Mepron (atovaquone)  
mercaptopurine  
Meridia (sibutramine) – **PA**  
meropenem  
Merrem (meropenem)  
mesalamine  
mesna  
Mesnex (mesna)  
mesoridazine  
Mestinon # (pyridostigmine)  
Metadate # (methylphenidate)  
Metaglip (metformin/glipizide) – **PA**  
metaproterenol

metaxalone – see Table 7, p. 38  
metformin/glipizide – **PA**  
metformin/glyburide – **PA (effective 04/01/03)**  
metformin/rosiglitazone – **PA**  
methadone – see Table 8, p. 39  
Methadose # (methadone) – see Table 8, p. 39  
methamphetamine – **PA**  
methazolamide  
methenamine  
methenamine/benzoic acid/atropine/  
hyoscyamine/methylene blue  
methenamine/benzoic acid/atropine/  
hyoscyamine/phenyl salicylate/methylene blue  
methenamine/benzoic acid/atropine/  
hyoscyamine/saldol/methylene blue  
methenamine/hyoscyamine/methylene blue  
methenamine/sodium acid phosphate  
Methergine (methylergonovine)  
methimazole  
Methitest (methyltestosterone)  
methocarbamol – see Table 7, p. 38  
methotrexate  
methoxsalen  
methscopolamine  
methsuximide  
methyclothiazide  
methyclothiazide/deserpidine  
methyldopa  
methyldopa/hydrochlorothiazide  
methylergonovine  
Methylin # (methylphenidate)  
methylphenidate  
methylprednisolone  
methysergide  
methyltestosterone  
metipranolol  
metoclopramide  
metolazone  
metoprolol  
Metrocream (metronidazole)  
Metrogel (metronidazole)  
Metro lotion (metronidazole)  
metronidazole  
metyrosine  
Mevacor # (lovastatin) – see Table 13, p. 44  
mexiletine  
Mexitil # (mexiletine)

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° Prior-authorization status depends on the drug’s formulation.

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## Alphabetic List (cont.)

Miacalcin # (calcitonin, salmon)	Monoket # (isosorbide)
Micanol (anthralin)	Mononine (factor IX, human)
Micardis (telmisartan)	Monopril (fosinopril)
miconazole *	montelukast
MICRhoGAM (Rho(D) immune globulin IM micro-dose) – see Table 1, p. 32	Monurol (fosfomycin)
Microgestin Fe # (ethinyl estradiol/norethindrone)	moricizine
Micro-K # (potassium chloride)	morphine – see Table 8, p. 39
Micronase # (glyburide)	morphine extended-release – <b>PA</b> ; see Table 8, p. 39
Micronor (norethindrone)	Motofen (atropine/difenoxin)
Microzide # (hydrochlorothiazide)	Motrin # (ibuprofen *) – see Table 11, p. 42
Midamor # (amiloride)	moxifloxacin
midazolam	MS Contin # (morphine) – see Table 8, p. 39
midodrine	MS/L (morphine) – see Table 8, p. 39
miglitol	MSIR (morphine) – see Table 8, p. 39
Migranal (dihydroergotamine)	MS/S (morphine) – see Table 8, p. 39
mineral oil *	Mucomyst # (acetylcysteine)
Mini-Gamulin Rh (Rho(D) immune globulin IM micro-dose) – see Table 1, p. 32	Mucomyst-10 (acetylcysteine)
Minitran # (nitroglycerin)	multivitamins *
Minizide (prazosin/polythiazide)	multivitamins/minerals *
Minocin # (minocycline)	mupirocin
minocycline	Murocoll-2 (scopolamine/phenylephrine)
minoxidil	Muse (alprostadil) – <b>PA</b> ; see Table 6, p. 37
Mintezol (thiabendazole)	Mustargen (mechlorethamine)
Miralax (polyethylene glycol-electrolyte solution)	Myambutol # (ethambutol)
Mirapex (pramipexole)	Mycobutin (rifabutin)
Mircette # (ethinyl estradiol/desogestrel)	Mycogen (nystatin/triamcinolone)
mirtazapine	Mycolog II # (nystatin/triamcinolone)
misoprostol	mycophenolate
mitomycin	Mycostatin # (nystatin)
mitoxantrone	Mydfrin (phenylephrine)
Moban (molindrone)	Mydiacil # (tropicamide)
Mobic (meloxicam) – <b>PA &lt; 60 years</b> ; see Table 11, p. 42	Myobloc (botulinum toxin type B) – <b>PA</b>
modafinil	Mysoline # (primidone)
Modicon # (ethinyl estradiol/norethindrone)	
Moduretic # (amiloride/hydrochlorothiazide)	<b>N</b>
moexipril	Nabi-HB (hepatitis B immune globulin, human) – see Table 1, p. 32
moexipril/hydrochlorothiazide	nabumetone – see Table 11, p. 42
molindone	nadolol
mometasone ° – see Table 16, p. 47	nadolol/bendroflumethiazide
Monarc-M (antihemophilic factor, human)	nafarelin
Monoclate-P (antihemophilic factor, human)	naftillin
Monodox # (doxycycline)	Naftin (naftifine)
	naftifine
	nalbuphine
	Nalfon # (fenoprofen) – see Table 11, p. 42

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## Alphabetic List (cont.)

nalidixic acid	niacinamide *
Nallpen (nafcillin)	nicardipine
naloxone	nicotinic acid *
naltrexone	Nifedical (nifedipine)
nandrolone	nifedipine
naphazoline	Nilandron (nilutamide)
Naprosyn # (naproxen *) – see Table 11, p. 42	Nilstat # (nystatin)
naproxen * – see Table 11, p. 42	nilutamide
Naqua (trichlormethiazide)	nimodipine
naratriptan – <b>PA</b> ; see Table 14, p. 45	Nimotop (nimodipine)
Nardil (phenelzine)	nisoldipine
Nasacort (triamcinolone)	nitisinone
Nasalide (flunisolide)	Nitrek # (nitroglycerin)
Nasarel (flunisolide)	Nitro-Bid # (nitroglycerin)
Nasonex (mometasone)	Nitrodisc (nitroglycerin)
nateglinide	Nitro-Dur # (nitroglycerin)
Navane # (thiothixene)	nitrofurantoin
Navelbine (vinorelbine)	nitrofurazone
Nebcin # (tobramycin)	nitroglycerin
Nebupent (pentamidine)	Nitrol (nitroglycerin)
Necon # (ethinyl estradiol/norethindrone)	Nitrolingual (nitroglycerin)
nedocromil	Nitroquick (nitroglycerin)
nefazodone	Nitrostat # (nitroglycerin)
NegGram # (nalidixic acid)	Nitrotab (nitroglycerin)
nelfinavir	Nitro-Time (nitroglycerin)
Nelova # (ethinyl estradiol/norethindrone)	nizatidine – see Table 3, p. 34
Nembutal # (pentobarbital)	Nizoral # (ketoconazole)
Neo-Decadron (dexamethasone/neomycin)	Nolvadex # (tamoxifen)
neomycin *	nonoxynol-9 *
neomycin/polymyxin B/dexamethasone	Norco # (hydrocodone/acetaminophen) – see Table 8, p. 39
neomycin/polyxmyxin B/gramicidin	Nordette # (ethinyl estradiol/levonorgestrel)
neomycin/polymyxin B/hydrocortisone	Norditropin (somatropin) – <b>PA</b> ; see Table 9, p. 40
neomycin/polymyxin B/prednisolone	norethindrone
Neoral (cyclosporine)	Norflex # (orphenadrine) – see Table 7, p. 38
Neosar # (cyclophosphamide)	norfloxacin
Neosporin Ophthalmic Solution # (neomycin/polymyxin B/gramicidin)	Norgesic # (orphenadrine/aspirin/cafeine) – see Table 7, p. 38
neostigmine	Norgestimate/ethinyl estradiol
Neptazane # (methazolamide)	norgestrel
Neulasta (pegfilgrastim) – <b>PA</b> ; see Table 4, p. 35	Norinyl # (ethinyl estradiol/norethindrone)
Neumega (oprelvekin) – <b>PA</b> ; see Table 4, p. 35	Noritate (metronidazole)
Neupogen (filgrastim) – <b>PA</b> ; see Table 4, p. 35	Normodyne # (labetalol)
Neurontin (gabapentin)	Noroxin (norfloxacin)
nevirapine	Norpace # (disopyramide)
Nexium (esomeprazole) – <b>PA</b> ; see Table 3, p. 34	Norpramin # (desipramine)
niacin *	Nor-Q-D # (norethindrone)
niacin/lovastatin – <b>PA</b> ; see Table 13, p. 44	

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## Alphabetic List (cont.)

Nortrel (ethinyl estradiol/norethindrone)  
nortriptyline  
Norvasc (amlodipine)  
Norvir (ritonavir)  
Novantrone (mitoxantrone) – see Table 5, p. 36  
Novoseven (eptacog alfa)  
Nulev (hyoscyamine)  
NuLytely (polyethylene glycol-electrolyte solution)  
Numorphan (oxymorphone) – see Table 8, p. 39  
Nutropin (somatropin) – **PA**; see Table 9, p. 40  
Nutropin AQ (somatropin) – **PA**; see Table 9, p. 40  
NuvaRing (etonogestrel/ethinyl estradiol)  
nystatin  
nystatin/neomycin/triamcinolone/gramicidin  
nystatin/triamcinolone

## O

octreotide – **PA**  
Ocufen # (flurbiprofen)  
Ocuflax (ofloxacin)  
Ocupress # (carteolol)  
Ocusulf-10 # (sulfacetamide)  
ofloxacin  
Ogen # (estropipate)  
Ogestrel # (ethinyl estradiol/norgestrel)  
ofloxacin  
olanzapine  
olmesartan  
olopatadine  
olsalazine  
Olux (clobetasol) – **PA (effective 04/01/03)**; see Table 16, p. 47  
omeprazole – **PA**; see Table 3, p. 34  
Omnicef (cefdinir)  
Omnipen # (ampicillin)  
OMS (morphine) – see Table 8, p. 39  
ondansetron  
Onxol # (paclitaxel)  
opium  
oprelvekin – **PA**; see Table 4, p. 35  
Opticrom # (cromolyn)  
Optimine (azatadine) – **PA**; see Table 12, p. 43  
Optipranolol # (metipranolol)  
Optivar (azelastine)

Oralene # (triamcinolone)  
Oramorph SR (morphine) – see Table 8, p. 39  
Orap (pimozide)  
Orapred (prednisolone)  
Orasone (prednisone)  
Oretic # (hydrochlorothiazide)  
Orfadin (nitisinone)  
orlistat – **PA**  
orphenadrine – see Table 7, p. 38  
orphenadrine/aspirin/caffeine – see Table 7, p. 38  
Orphengesic # (orphenadrine/aspirin/caffeine) – see Table 7, p. 38  
Ortho-Cept # (ethinyl estradiol/desogestrel)  
Ortho-Cyclen (ethinyl estradiol/norgestimate)  
Ortho-Dienestrol (dienestrol)  
Ortho-Est # (estropipate)  
Ortho-Evra (ethinyl estradiol/norelgestromin)  
Ortho-Novum # (ethinyl estradiol/norethindrone)  
Ortho-Prefest (estradiol/norgestimate)  
OrthoTri-Cyclen (ethinyl estradiol/norgestimate)  
OrthoTri-Cyclen Lo (ethinyl estradiol/norgestimate)  
Orudis # (ketoprofen \*) – see Table 11, p. 42  
Oruvail # (ketoprofen \*) – see Table 11, p. 42  
oseltamivir – **Limit 10 capsules/month**  
Osmoglyn (glycerin)  
Oticaine (benzocaine)  
Otocain (benzocaine)  
Ovcon (ethinyl estradiol/norethindrone)  
Ovide (malathion)  
Ovral # (ethinyl estradiol/norgestrel)  
Ovrette (norgestrel)  
oxacillin  
oxaliplatin  
Oxandrin (oxandrolone)  
oxandrolone  
oxaprozin – see Table 11, p. 42  
oxazepam  
oxcarbazepine  
oxiconazole  
Oxistat (oxiconazole)  
Oxsoralen (methoxsalen)  
Oxsoralen-Ultra (methoxsalen)  
oxybutinin  
oxycodone – see Table 8, p. 39  
oxycodone controlled release – **Limit 90 tablets/month; PA > 240 mg/day (effective 04/01/03)**; see Table 8, p. 39

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## Alphabetic List (cont.)

oxycodone/acetaminophen – see Table 8, p. 39  
oxycodone/aspirin – see Table 8, p. 39  
OxyContin (oxycodone controlled release) –  
**Limit 90 tablets/month; PA > 240 mg/day**  
**(effective 04/01/03)**; see Table 8, p. 39  
Oxydose (oxycodone) – see Table 8, p. 39  
OxyFast (oxycodone) – see Table 8, p. 39  
Oxy IR (oxycodone) – see Table 8, p. 39  
oxymetholone  
oxymorphone  
oxytetracycline/polymyxin B  
oxytocin

## P

P2E1 (pilocarpine/epinephrine)  
Pacerone # (amiodarone)  
paclitaxel  
palivizumab – **PA**  
Pamelor # (nortriptyline)  
pamidronate  
Pamine (methscopolamine)  
Panafil (papain/urea/chlorophyllin/copper  
complex)  
Pancrease (amylase/lipase/protease)  
Pancrecarb (amylase/lipase/protease)  
Pancrelipase (amylase/lipase/protease)  
Pancron (amylase/lipase/protease)  
Pandel (hydrocortisone) – **PA (effective**  
**04/01/03)**; see Table 16, p. 47  
Pangestyme (amylase/lipase/protease)  
Panglobulin (immune globulin IV, human) – **PA**;  
see Table 1, p. 32  
Panokase (amylase/lipase/protease)  
Panretin (alitretinoin) – **PA**; see Table 10, p. 41  
pantoprazole – see Table 3, p. 34  
papain/urea  
papain/urea/chlorophyllin  
papain/urea/chlorophyllin/copper complex  
papaverine  
Parafor Forte DSC # (chlorzoxazone) – see  
Table 7, p. 38  
Paragard (copper IUD)  
Paraplatin (carboplatin)  
paregoric  
paricalcitol  
Parlodel # (bromocriptine)

Parnate (tranylcypromine)  
paromomycin  
paroxetine  
Patanol (olopantadine)  
Paxil (paroxetine)  
PBZ # (tripelennamine) – see Table 12, p. 43  
PCE Dispertab (erythromycin)  
Pediapred # (prednisolone)  
pediatric multivitamins \*  
Pedi-Dri (nystatin)  
Pediocin # (neomycin/polymyxin B/  
hydrocortisone)  
Peganone (ethotoin)  
Pegasys (peginterferon alfa-2a) – see Table 5, p. 36  
pegfilgrastim – **PA**; see Table 4, p. 35  
peginterferon alfa-2a – see Table 5, p. 36  
peginterferon alfa-2b – see Table 5, p. 36  
PEG-Intron (peginterferon alfa-2b) – see Table 5,  
p. 36  
Pemadd # (pemoline)  
pemirolast  
pemoline  
penbutolol  
penciclovir  
penicillamine  
penicillin G  
penicillin V  
Penlac (ciclopirox)  
pentamidine  
Pentasa (mesalamine)  
pentazocine  
pentazocine/acetaminophen  
pentazocine/naloxone  
pentosan  
pentoxifylline  
Pentoxil # (pentoxifylline)  
Pepcid # (famotidine \*) – see Table 3, p. 34  
P-Ephrine (phenylephrine)  
Percocet (oxycodone/acetaminophen) – **PA**  
**(effective 04/01/03)**; see Table 8, p. 39  
Percodan # (oxycodone/aspirin) – see Table 8, p. 39  
pergolide  
Periactin # (cyproheptadine) – see Table 12,  
p. 43  
perindopril  
Periostat (doxycycline)  
Permapen (penicillin G)

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## Alphabetic List (cont.)

Permax (pergolide)	Polaramine # (dexchlorpheniramine) – see Table 12, p. 43
permethrin *	Polycitra (citric acid/sodium citrate/potassium citrate)
perphenazine	Polycitra-K (citric acid/potassium citrate)
petrolatum *	Polycitra-LC (citric acid/sodium citrate/potassium citrate)
Pfizerpen # (penicillin G)	polyethylene glycol-electrolyte solution
Pharmaflur (sodium fluoride)	Polygam S/D (immune globulin IV, human) – <b>PA</b> ; see Table 1, p. 32
phenazopyridine	polymyxin B
phenelzine	Poly-Pred (neomycin/polymyxin B/prednisolone)
Phenergan # (promethazine) – see Table 12, p. 43	polythiazide
phenobarbital	Polytrim # (trimethoprim/polymyxin B)
phentolamine	Ponstel (mefenamic acid) – <b>PA</b> ; see Table 11, p. 42
phenylephrine	Portia (levonorgestrel/ethinyl estradiol)
phenyltoloxamine/pyrilamine/pheniramine/pseudoephedrine – see Table 12, p. 43	potassium bicarbonate
Phenytek (phenytoin)	potassium chloride/potassium bicarbonate
phenytoin	potassium chloride/sodium chloride/sodium bicarbonate
PhisoHex (hexachlorophene)	potassium citrate
Phos-Flur (sodium fluoride)	potassium citrate/citric acid
Phoslo (calcium acetate)	potassium citrate/sodium citrate/citric acid
Phospholine Iodide (echothiophate)	potassium iodide
Phrenilin # (butalbital/acetaminophen)	potassium phosphate
phytonadione	potassium phosphate/dibasic sodium phosphate/monobasic sodium phosphate
Pilocar # (pilocarpine)	potassium phosphate/sodium phosphate
pilocarpine	potassium phosphate/sodium phosphate/phosphorus
pilocarpine/epinephrine	povidone *
Pilopine (pilocarpine)	pramipexole
Piloptic (pilocarpine)	Pramosone # (pramoxine/hydrocortisone)
pimecrolimus	pramoxine/hydrocortisone
pimozide	Prandin (repaglinide)
pindolol	Pravachol (pravastatin) – <b>PA</b> ; see Table 13, p. 44
pioglitazone	pravastatin – <b>PA</b> ; see Table 13, p. 44
piperacillin/tazobactam	prazosin
pirbuterol	prazosin/polythiazide
piroxicam – see Table 11, p. 42	Precose (acarbose)
Plan B (levonorgestrel)	Pred-Forte # (prednisolone)
Plaquenil # (hydroxychloroquine)	Pred-G (prednisolone/gentamicin)
Platinol-AQ # (cisplatin)	prednicarbate – <b>PA (effective 04/01/03)</b> ; see Table 16, p. 47
Plavix (clopidogrel)	prednisolone
Plendil (felodipine)	prednisolone/gentamicin
Pletal (cilostazol)	prednisone
Plexion (sulfacetamide/sulfur)	
pneumococcal vaccine	
Pneumovax (pneumococcal vaccine)	
Pnu-Imune # (pneumococcal vaccine)	
podofilox	

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## Alphabetic List (cont.)

Prelone # (prednisolone)  
Premarin (estrogens, conjugated)  
Premphase (medroxyprogesterone/estrogens, conjugated)  
Prempro (medroxyprogesterone/estrogens, conjugated)  
prenatal vitamins \*  
Prevacid (lansoprazole) capsules – **PA > 16 years**; see Table 3, p. 34  
Prevacid (lansoprazole) suspension – **PA > 16 years (except for LTC members)**; see Table 3, p. 34  
Prevalite # (cholestyramine)  
Preven (ethinyl estradiol/levonorgestrel)  
Prevident (sodium fluoride)  
Prevpac (lansoprazole/amoxicillin/clarithromycin)  
Prilosec (omeprazole) – **PA**; see Table 3, p. 34  
primaquine  
Primaxin (imipenem/cilastatin)  
primidone  
Primsol (trimethoprim)  
Principen # (ampicillin)  
Prinivil # (lisinopril)  
Prinzide # (lisinopril/hydrochlorothiazide)  
Proamatine (midodrine)  
probenecid  
probenecid/colchicine  
procainamide  
Procanbid (procainamide)  
procarbazine  
Procardia # (nifedipine)  
prochlorperazine  
Procrit (epoetin alfa) – **PA**; see Table 4, p. 35  
Proctocort # (hydrocortisone)  
Proctocream-HC # (pramoxine/hydrocortisone)  
Proctofoam-HC (pramoxine/hydrocortisone)  
Procto-Kit # (hydrocortisone)  
procyclidine  
Profilnine SD (factor IX complex)  
progesterone  
Proglycem (diazoxide)  
Prograf (tacrolimus)  
Prolixin # (fluphenazine)  
Proloprim # (trimethoprim)  
promethazine – see Table 12, p. 43  
promethazine/phenylephrine – see Table 12, p. 43  
Promethegan (promethazine)  
Prometrium (progesterone)  
Pronestyl # (procainamide)  
propafenone  
propantheline  
Propine # (dipivefrin)  
Proplex T (factor IX complex)  
propoxyphene – see Table 8, p. 39  
propoxyphene napsylate – see Table 8, p. 39  
propoxyphene napsylate/acetaminophen – see Table 8, p. 39  
propranolol  
propranolol/hydrochlorothiazide  
propylthiouracil  
Proscar (finasteride)  
Prosed/DS (methenamine/benzoic acid/atropine/hyoscyamine/saldol/methylene blue)  
ProSom # (estazolam) – **Limit 10 units/month**; see Table 15, p. 46  
Prostigmin (neostigmine)  
Protonix (pantoprazole) – see Table 3, p. 34  
Protopic (tacrolimus)  
protriptyline  
Protropin (somatrem) – **PA**; see Table 9, p. 40  
Proctozone-HC # (hydrocortisone)  
Proventil # (albuterol)  
Provera # (medroxyprogesterone)  
Provigil (modafinil)  
Prozac # (fluoxetine)  
Prozac Weekly (fluoxetine) – **PA**  
Prudoxin (doxepin)  
pseudoephedrine \*  
Psorcon # (diflorasone) – see Table 16, p. 47  
psyllium \*  
Pulmicort (budesonide)  
Pulmozyme (dornase alpha)  
Purinethol (mercaptopurine)  
pyrazinamide  
Pyridium (phenazopyridine)  
pyridostigmine bromide  
pyridoxine \*  
pyrilamine/phenylephrine – see Table 12, p. 43  
pyrimethamine

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## Alphabetic List (cont.)

### Q

quazepam – **PA**; see Table 15, p. 46  
Questran # (cholestyramine)  
quetiapine  
Quibron (theophylline/guafenesin)  
Quibron-T/SR (theophylline)  
quinacrine  
Quinaglute # (quinidine)  
quinapril  
quinapril/hydrochlorothiazide  
Quinidex # (quinidine)  
quinidine  
quinine  
Quixin (levofloxacin)  
Qvar (beclomethasone)

### R

Rabavert (rabies vaccine)  
rabeprazole – **PA**; see Table 3, p. 34  
rabies immune globulin IM, human – see Table 1, p. 32  
rabies vaccine  
Radiacare (oxybenzone/pedimate)  
raloxifene  
ramipril  
ranitidine \* – see Table 3, p. 34  
Rapamune (sirolimus)  
rasburicase  
Rebetol (ribavirin)  
Rebetron (interferon alfa-2b/ribavirin) – see Table 5, p. 36  
Rebif (interferon beta-1a) – see Table 5, p. 36  
Recombinate (antihemophilic factor, recombinant)  
Recombivax HB (hepatitis B, recombinant vaccine)  
Refacto (antihemophilic factor, recombinant)  
Refludan (lepirudin) – **PA**  
Regitine (phentolamine)  
Reglan # (metoclopramide)  
Regranex (becaplermin)  
Relafen # (nabumetone) – see Table 11, p. 42  
Relenza (zanamivir) – **Limit 20 units/month**  
Remeron (mirtazapine)  
Remicade (infliximab) – **PA**; see Table 5, p. 36  
Reminyl (galantamine)

Remular-S # (chlorzoxazone)  
Renacidin (magnesium carbonate/citric acid/gluconolactone)  
Renagel (sevelamer)  
Renese (polythiazide)  
repaglinide  
Repan # (butalbital/acetaminophen/caffeine)  
Repan-CF # (butalbital/acetaminophen)  
Requip (ropinirole)  
Rescriptor (delavirdine)  
Rescula (unoprostone)  
reserpine  
RespiGam (respiratory syncytial virus immune globulin IV) – **PA**; see Table 1, p. 32  
respiratory syncytial virus immune globulin IV – **PA**; see Table 1, p. 32  
Restoril # (temazepam) – **Limit 10 units/month**; see Table 15, p. 46  
Retin-A # (tretinoin) – **PA > 25 years**; see Table 10, p. 41  
Retinol \*  
Retrovir (zidovudine)  
Revia # (naltrexone)  
Rheumatrex # (methotrexate)  
Rhinocort (budesonide)  
Rho(D) immune globulin IM – see Table 1, p. 32  
Rho(D) immune globulin IM micro-dose – see Table 1, p. 32  
Rho(D) immune globulin IV, human – see Table 1, p. 32  
RhoGAM (Rho(D) immune globulin IM) – see Table 1, p. 32  
ribavirin  
riboflavin \*  
Ridaura (auranofin)  
rifabutin  
Rifadin # (rifampin)  
Rifamate (rifampin/isoniazid)  
rifampin  
rifampin/isoniazid  
Rilutek (riluzole)  
riluzole  
Rimactane # (rifampin)  
rimantadine  
rimexolone  
risedronate  
Risperdal (risperidone)

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## Alphabetic List (cont.)

risperidone  
Ritalin # (methylphenidate)  
ritonavir  
ritonavir/lopinavir  
Rituxan (rituximab)  
rituximab  
rivastigmine  
rizatriptan – **PA**; see Table 14, p. 45  
rizatriptan orally disintegrating tablets – **PA**; see Table 14, p. 45  
RMS (morphine) – see Table 8, p. 39  
Robaxin # (methocarbamol) – see Table 7, p. 38  
Robinul # (glycopyrrolate)  
Rocaltrol # (calcitriol)  
Rocephin (ceftriaxone)  
rofecoxib – **PA < 60 years**; see Table 11, p. 42  
Roferon-A (interferon alfa-2a) – see Table 5, p. 36  
ropinirole  
rosiglitazone  
rosiglitazone/metformin – **PA**  
Rowasa (mesalamine)  
Roxanol (morphine) – see Table 8, p. 39  
Roxanol-T (morphine) – see Table 8, p. 39  
Roxicet (oxycodone/acetaminophen) – see Table 8, p. 39  
Roxicodone (oxycodone) – see Table 8, p. 39  
Roxiprin (oxycodone/aspirin) – see Table 8, p. 39  
Rx-Otic (antipyrine/benzocaine)  
Rythmol # (propafenone)

## **S**

Saizen (somatropin) – **PA**; see Table 9, p. 40  
Salagen (pilocarpine)  
salicylic acid/sulfur colloidal  
salmeterol  
salmeterol/fluticasone  
salsalate  
Sal-Tropine (atropine)  
Sandimmune # (cyclosporine)  
Sandoglobulin (immune globulin IV, human) – **PA**; see Table 1, p. 32  
Sandostatin (octreotide) – **PA**  
Sansert (methysergide)  
Santyl (collagenase)

saquinavir  
Sarafem (fluoxetine) – **PA**  
sargramostim – **PA**; see Table 4, p. 35  
scopolamine  
scopolamine/phenylephrine  
secobarbital  
secobarbital/amobarbital  
Seconal # (secobarbital)  
Sectral # (acebutolol)  
selegiline  
selenium sulfide \*  
Semprex-D (acrivastine/pseudoephedrine) – **PA**; see Table 12, p. 43  
senna \*  
Sensorcaine # (bupivacaine)  
Septisol (hexachlorophene)  
Septra # (trimethoprim/sulfamethoxazole)  
Serax # (oxazepam)  
Serentil (mesoridazine)  
Serevent (salmeterol)  
Seroquel (quetiapine)  
Serostim (somatropin) – **PA**; see Table 9, p. 40  
sertraline  
Serzone (nefazodone)  
sevelamer  
Shohl's Solution (sodium citrate/citric acid)  
sibutramine – **PA**  
Sildec (carbinoxamine/pseudoephedrine)  
sildenafil – **PA**; see Table 6, p. 37  
Silvadene # (silver sulfadiazine)  
silver sulfadiazine  
simethicone \*  
simvastatin – **PA**; see Table 13, p. 44  
Sinemet # (carbidopa/levodopa)  
Sinequan # (doxepin)  
Singulair (montelukast)  
sirolimus  
Skelaxin (metaxalone) – see Table 7, p. 38  
Skelid (tiludronate)  
Slo-Bid # (theophylline)  
Slo-Phyllin (theophylline)  
sodium bicarbonate \*  
sodium chloride solution for inhalation \*  
sodium citrate/citric acid  
sodium ferric gluconate complex  
sodium fluoride  
sodium phenylbutyrate

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## Alphabetic List (cont.)

sodium phosphate  
sodium polystyrene sulfonate  
Solaraze (diclofenac)  
Solganal (aurothioglucose)  
Solu-Cortef # (hydrocortisone)  
Solu-Medrol # (methylprednisolone)  
Soma # (carisoprodol) – see Table 7, p. 38  
somatrem – **PA**; see Table 9, p. 40  
somatropin – **PA**; see Table 9, p. 40  
Somnote (chloral hydrate)  
Sonata (zaleplon) – **Limit 10 units/month**; see Table 15, p. 46  
Sorbitrate # (isosorbide)  
Soriatane (acitretin) – see Table 10, p. 41  
sotalol  
Spectazole (econazole)  
Spectracef (cefditoren)  
spironolactone  
spironolactone/hydrochlorothiazide  
Sporanox (itraconazole)  
SPS # (sodium polystyrene sulfonate)  
SSKI (potassium iodide)  
Stadol injection # (butorphanol)  
Stadol nasal spray (butorphanol) – **PA**  
stanazolol  
Starlix (nateglinide)  
Stelazine # (trifluoperazine)  
Stimate (desmopressin)  
Stromectol (ivermectin)  
succimer  
sucralfate  
Sular (nisoldipine)  
sulconazole  
Sulfacet-R (sulfacetamide/sulfur)  
sulfacetamide  
sulfacetamide/prednisolone  
sulfacetamide/sulfur  
sulfadiazine  
Sulfamide (sulfacetamide)  
Sulfamylon (mafenide)  
sulfanilamide  
sulfasalazine  
Sulfatrim # (trimethoprim/sulfamethoxazole)  
Sulfazine # (sulfasalazine)  
sulfinpyrazone  
sulfisoxazole

Sulfoxyl (benzoyl peroxide/sulfur) –  
**PA > 25 years**  
sulindac – see Table 11, p. 42  
sumatriptan – **PA**; see Table 14, p. 45  
sumatriptan, injection – **Limit six units/month (effective 04/01/03)**; see Table 14, p. 45  
Sumycin # (tetracycline)  
Suprax (cefixime)  
Surmontil (trimipramine)  
Sustiva (efavirenz)  
Symmetrel # (amantadine)  
Synagis (palivizumab) – **PA**  
Synalar # (fluocinolone) – see Table 16, p. 47  
Synalgos-DC (dihydrocodeine/aspirin/cafeine)  
Synarel (nafarelin)  
Synthroid (levothyroxine)  
Synvisc (hylan polymers) – **PA**  
Syprine (trientine)

## I

tacrine  
tacrolimus  
Tagamet # (cimetidine \*) – see Table 3, p. 34  
Talacen # (pentazocine/acetaminophen)  
Talwin (pentazocine)  
Tambocor (flecainide)  
Tamiflu (oseltamivir) – **Limit 10 capsules/month**  
tamoxifen  
tamsulosin  
TAO (troleandomycin)  
Tapazole # (methimazole)  
Targretin (bexarotene)  
Tarka (trandolapril/verapamil)  
Tasmar (tolcapone)  
Tavist # (clemastine) – see Table 12, p. 43  
Taxol # (paclitaxel)  
Taxotere (docetaxel)  
tazarotene – **PA > 25 years**; see Table 10, p. 41  
Tazicef # (ceftazidime)  
Tazidime # (ceftazidime)  
Tazorac (tazarotene) – **PA > 25 years**; see Table 10, p. 41  
TBC # (trypsin/balsam peru/castor oil)  
tegaserod – **PA**  
Tegison (etretinate) – see Table 10, p. 41  
Tegretol # (carbamazepine)

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## Alphabetic List (cont.)

telmisartan	Thiola (tiopronin)
temazepam – <b>Limit 10 units/month</b> ; see Table 15, p. 46	thioridazine
Temodar (temozolomide)	thiothixene
Temovate # (clobetasol) – see Table 16, p. 47	Thorazine # (chlorpromazine)
temozolomide	Thymoglobulin (antithymocyte globulin, rabbit) – see Table 1, p. 32
Tenex # (guanfacine)	thyroid
tenofovir	Thyrolar (liotrix)
Tenoretic # (atenolol/chlorthalidone)	Thyrox (levothyroxine)
Tenormin # (atenolol)	tiagabine
Tequin (gatifloxacin)	Tiazac (diltiazem)
Terak (oxytetracycline/polymyxin B)	ticarcillin/clavulanate
Terazol (terconazole)	TICE BCG (BCG vaccine)
terazosin	Ticlid # (ticlopidine)
terbinafine	ticlopidine
terbutaline	Tigan # (trimethobenzamide)
terconazole	Tikosyn (dofetilide)
Teslac (testolactone)	Tilade (nedocromil)
Tessalon # (benzonatate)	tiludronate
Testoderm (testosterone)	Timentin (ticarcillin/clavulanate)
testolactone	Timolide (timolol/hydrochlorothiazide)
testosterone	timolol
Testred (methyltestosterone)	timolol/hydrochlorothiazide
tetanus immune globulin IM, human – see Table 1, p. 32	Timoptic # (timolol)
tetracycline	tiopronin
Teveten (eprosartan)	tizanidine – see Table 7, p. 38
Texacort # (hydrocortisone) – see Table 16, p. 47	TOBI (tobramycin/sodium chloride)
thalidomide – see Table 5, p. 36	TobraDex (tobramycin/dexamethasone)
Thalitone (chlorthalidone)	tobramycin
Thalomid (thalidomide) – see Table 5, p. 36	tobramycin/dexamethasone
Theo-24 (theophylline)	tobramycin/sodium chloride
Theochron # (theophylline)	Tobrex # (tobramycin)
Theo-Dur # (theophylline)	tocainide
Theolair (theophylline)	Tofranil # (imipramine)
Theolair-SR # (theophylline)	tolazamide
Theolate (theophylline/guaifenesin)	tolbutamide
theophylline	tolcapone
theophylline/guaifenesin	Tolectin # (tolmetin) – see Table 11, p. 42
theophylline/potassium iodide	Tolinase # (tolazamide)
Thera-Flur-N (sodium fluoride)	tolmetin – see Table 11, p. 42
Thermazene # (silver sulfadiazine)	tolnaftate *
thiabendazole	tolterodine
thiamine *	Tonocard (tocainide)
thiethylperazine	Topamax (topiramate)
thioguanine	Topicort # (desoximetasone) – see Table 16, p. 47
	Topicort LP # (desoximetasone) – see Table 16, p. 47

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## Alphabetic List (cont.)

topiramate  
Toprol (metoprolol)  
Toradol # (ketorolac) – see Table 11, p. 42  
Torecan (thiethylperazine)  
toremifene  
torsemide  
T-Phyl (theophylline)  
Tracleer (bosentan) – **PA**  
tramadol  
tramadol/acetaminophen – **PA (effective 04/01/03)**  
Trandate # (labetalol)  
trandolapril  
trandolapril/verapamil  
Transderm-Nitro (nitroglycerin)  
Transderm-Scop (scopolamine)  
Tranxene T # (clorazepate)  
tranylcypromine  
trastuzumab  
Travasol (amino acid & electrolyte IV infusion)  
Travatan (travoprost)  
travoprost  
trazodone  
Trelstar (triptorelin) – **PA**; see Table 2, p. 33  
Trental # (pentoxifylline)  
tretinoin – **PA > 25 years**; see Table 10, p. 41  
Trexall (methotrexate)  
triamcinolone  
triamcinolone, topical – see Table 16, p. 47  
triamterene/hydrochlorothiazide  
triazolam – **Limit 10 units/month**; see Table 15, p. 46  
Tri-Chlor (trichloroacetic acid)  
trichlormethiazide  
trichloroacetic acid  
Tricor # (fenofibrate)  
Tricosal (choline salicylate/magnesium salicylate)  
trientine  
triethanolamine  
trifluoperazine  
trifluridine  
trihexyphenidyl  
Trilafon # (perphenazine)  
Trileptal (oxcarbazepine)  
Tri-Levlen # (ethinyl estradiol/levonorgestrel)

Trilisate (choline salicylate/magnesium salicylate)  
trimethobenzamide  
trimethoprim  
trimethoprim/polymyxin B  
trimethoprim/sulfamethoxazole  
trimipramine  
Trimox # (amoxicillin)  
Trinalin Repetabs (azatadine/pseudoephedrine) – **PA**; see Table 12, p. 43  
Tri-Nasal (triamcinolone)  
Tri-Norinyl (ethinyl estradiol/norethindrone)  
tripelennamine – see Table 12, p. 43  
Triphasil # (ethinyl estradiol/levonorgestrel)  
triprolidine/pseudoephedrine  
triptorelin – **PA**; see Table 2, p. 33  
Tri-Staton II (nystatin/triamcinolone)  
Trivora # (ethinyl estradiol/levonorgestrel)  
Trizivir (abacavir/lamivudine/zidovudine)  
troleandomycin  
tropicamide  
Trusopt (dorzolamide)  
trypsin/balsam peru/castor oil  
Tuinal (secobarbital/amobarbital)  
Twinrix (hepatitis A, inactivated/hepatitis B, recombinant vaccine)  
Tylenol/codeine # (codeine/acetaminophen) – see Table 8, p. 38  
Tylox # (oxycodone/acetaminophen) – see Table 8, p. 38  
Typhim Vi (typhoid vaccine)  
typhoid vaccine

## U

Ultracet (tramadol/acetaminophen) – **PA (effective 04/01/03)**  
Ultram # (tramadol)  
Ultrase (amylase/lipase/protease)  
Ultravate (halobetasol) – **PA (effective 04/01/03)**; see Table 16, p. 47  
Unasyn (ampicillin/sulbactam)  
Uni-Dur (theophylline)  
Uniphyll (theophylline)  
Uniretic (moexipril/hydrochlorothiazide)  
Unithroid (levothyroxine)  
Univasc (moexipril)  
unoprostone

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## Alphabetic List (cont.)

urea  
urea/sodium propionate/methionine/cystine/  
inositol  
Urecholine (bethanechol)  
Urex # (methenamine)  
Urimax (methenamine/hyoscyamine/methylene  
blue)  
Urised (methenamine/benzoic acid/atropine/  
hyoscyamine/methylene blue)  
Urispas (flavoxate)  
Urocit-K (potassium citrate)  
Uroquid-Acid No. 2 (methenamine/sodium  
biphosphate)  
URSO (ursodiol)  
ursodiol  
Usept (methenamine/benzoic acid/atropine/  
hyoscyamine/phenylsalicylate/methylene blue)

## V

Vagifem (estradiol)  
valacyclovir  
Valcyte (valganciclovir)  
valdecoxib – **PA < 60 years**; see Table 11, p. 42  
valganciclovir  
Valisone # (betamethasone) – see Table 16, p.  
47  
valproate  
valproic acid  
valsartan  
valsartan/hydrochlorothiazide  
Valtrex (valacyclovir)  
Vancenase (beclomethasone)  
Vanceril (beclomethasone)  
Vancocin # (vancomycin)  
Vancoled # (vancomycin)  
vancomycin  
Vanoxide-HC (benzoyl peroxide/hydrocortisone) –  
**PA > 25 years**  
Vantin (cefepodoxime)  
varicella-zoster immune globulin IM, human –  
see Table 1, p. 32  
Vascor (bepridil)  
Vaseretic # (enalapril/hydrochlorothiazide)  
Vasocidin # (sulfacetamide/prednisolone)  
vasopressin  
Vasotec # (enalapril)

Veetids # (penicillin V)  
venlafaxine  
Venofer (iron sucrose)  
Venoglobulin-I (immune globulin IV, human) – **PA**;  
see Table 1, p. 32  
Venoglobulin-S (immune globulin IV, human) – **PA**;  
see Table 1, p. 32  
Ventolin # (albuterol)  
Vepesid # (etoposide)  
verapamil  
Verelan # (verapamil)  
Vermox # (mebendazole)  
Versed # (midazolam)  
verteporfin  
Vesanoid (tretinoin) – see Table 10, p. 41  
Vexol (rimexolone)  
Viadur (leuprolide) – **PA**; see Table 2, p. 33  
Viagra (sildenafil) – **PA**; see Table 6, p. 37  
Vibramycin # (doxycycline)  
Vicodin # (hydrocodone/acetaminophen) – see  
Table 8, p. 39  
vidarabine  
Videx (didanosine)  
vinblastine  
vincristine  
vinorelbine  
Viokase (amylase/lipase/protease)  
Vioxx (rofecoxib) – **PA < 60 years**; see Table 11, p.  
42  
Vira-A (vidarabine)  
Viracept (nelfinavir)  
Viramune (nevirapine)  
Viread (tenofovir)  
Viroptic # (trifluridine)  
Visicol (sodium phosphate)  
Vistaril # (hydroxyzine) – see Table 12, p. 43  
Vistide (cidofovir)  
Visudyne (verteporfin)  
vitamin A (retinol) \*  
vitamin B<sub>1</sub> (thiamine) \*  
vitamin B<sub>2</sub> (riboflavin) \*  
vitamin B<sub>3</sub> (niacin) \*  
vitamin B<sub>6</sub> (pyridoxine) \*  
vitamin B<sub>12</sub> (cyanocobalamin) \*  
vitamin B complex \*  
vitamin C \*  
vitamin D \*

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## Alphabetic List (cont.)

vitamin D/dihydroxycholesterol/ergocalciferol  
vitamins, multiple \*  
vitamins, multiple/minerals \*  
vitamins, pediatric \*  
vitamins, prenatal \*  
Vivactil # (protriptyline)  
Vivelle # (estradiol)  
Vivelle-Dot (estradiol)  
Vivotif Berna Vaccine (typhoid vaccine)  
Volmax (albuterol)  
Voltaren # (diclofenac) – see Table 11, p. 42  
Vosol # (acetic acid)  
Vytone (iodoquinol/hydrocortisone)

## W

warfarin  
water for inhalation \*  
Welchol (colesevelam)  
Wellbutrin # (bupropion)  
Westcort # (hydrocortisone) – see Table 16, p. 47  
WinRho SDF (Rho(D) immune globulin IV, human) – see Table 1, p. 32  
Winstrol (stanozolol)  
witch hazel \*  
Wycillin (penicillin G)

## X

Xalatan (latanoprost)  
Xanax # (alprazolam)  
Xeloda (capecitabine)  
Xenical (orlistat) – **PA**  
Xerac AC (aluminum chloride)  
Xopenex (levalbuterol)  
Xylocaine # (lidocaine)  
Xylocaine-MPF # (lidocaine)

## Y

Yasmin (ethinyl estradiol/drospirenone)

## Z

Zaditor (ketotifen)  
zafirlukast  
zalcitabine

zaleplon – **Limit 10 units/month**; see Table 15, p. 46  
Zanaflex # (tizanidine) – see Table 7, p. 38  
zanamivir – **Limit 20 units/month**  
Zantac # (ranitidine \*) – see Table 3, p. 34  
Zarontin # (ethosuximide)  
Zaroxolyn (metolazone)  
Zebeta # (bisoprolol)  
Zebutal (butalbital/acetaminophen/caffeine)  
Zelnorm (tegaserod) – **PA**  
Zemplar (paricalcitol)  
Zerit (stavudine)  
Zestoretic # (lisinopril/hydrochlorothiazide)  
Zestril # (lisinopril)  
Zetia (ezetimibe) – **PA**  
Ziac # (bisoprolol/hydrochlorothiazide)  
Ziagen (abacavir)  
zidovudine  
zileuton  
Zinacef # (cefuroxime)  
zinc oxide \*  
zinc sulfate  
Zincate (zinc sulfate)  
Ziox (papain/urea/chlorophyllin)  
ziprasidone  
Zithromax (azithromycin)  
Zocor (simvastatin) – **PA**; see Table 13, p. 44  
Zocort HC (chloroxylenol/pramoxine/hydrocortisone)  
Zofran (ondansetron)  
Zoladex (goserelin) – **PA**; see Table 2, p. 33  
zoledronic acid  
zolmitriptan – **Limit six units/month (effective 04/01/03)**; see Table 14, p. 45  
zolmitriptan orally disintegrating tablets – **Limit six units/month (effective 04/01/03)**; see Table 14, p. 45  
Zoloft (sertraline)  
zolpidem – **Limit 10 units/month**; see Table 15, p. 46  
Zometa (zoledronic acid)  
Zomig (zolmitriptan) – **Limit six units/month (effective 04/01/03)**; see Table 14, p. 45  
Zomig-ZMT (zolmitriptan orally disintegrating tablets) – **Limit six units/month (effective 04/01/03)**; see Table 14, p. 45  
Zonalon (doxepin)

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\* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

° Prior-authorization status depends on the drug’s formulation.

Note: Any drug that does not appear on the list requires prior authorization.



### ***Alphabetic List (cont.)***

Zone-A Forte (pramoxine/hydrocortisone)  
Zonegran (zonisamide)  
zonisamide  
Zosyn (piperacillin/tazobactam)  
Zoto-HC (chloroxylenol/pramoxine/  
hydrocortisone)  
Zovia # (ethinyl estradiol/ethynodiol)  
Zovirax # (acyclovir)  
Zydone (hydrocodone/acetaminophen) – **PA**  
**(effective 04/01/03)**; see Table 8, p. 39  
Zyflo (zileuton)  
Zyloprim # (allopurinol)  
Zyprexa (olanzapine)  
Zyrtec (cetirizine) syrup – **PA > 12 years**  
**(except for LTC members)**; see Table 12, p.  
43  
Zyrtec (cetirizine) tablets – **Limit 31**  
**doses/month**; see Table 12, p. 43  
Zyrtec-D (cetirizine/pseudoephedrine) – **Limit 62**  
**doses/month**; see Table 12, p. 43  
Zyvox (linezolid)

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° Prior-authorization status depends on the drug’s formulation.

Note: Any drug that does not appear on the list requires prior authorization.

## Therapeutic Class Tables

**Table 1 – Immune Globulins**

Drug Name †	PA Status	Clinical Notes
cytomegalovirus immune globulin IV, human (CMV-IGIV) – CytoGam		<p><i>Rate and Route of Administration:</i></p> <ul style="list-style-type: none"> <li>administer only at rate, route, and concentration indicated for product; too rapid IV administration rate may lead to a precipitous drop in blood pressure, fluid overload, and a possible thrombotic event. Cautious use in patients with history of cardiovascular disease or thrombotic episodes.</li> </ul> <p><i>Renal Risk:</i></p> <ul style="list-style-type: none"> <li>IGIV (human) products have been associated with renal dysfunction, acute renal failure and osmotic nephrosis. Risk factors include age &gt; 65 years, pre-existing renal dysfunction, volume depletion, concurrent use of nephrotoxic drugs, diabetes and sepsis. An additional risk appears to be associated with IGIV products containing sucrose as a stabilizer (Panglobulin, Gammar-P) when a total dose ≥ 400mg/kg was given. Note that RespiGam also contains sucrose.</li> </ul> <p><i>Hypersensitivity Reactions:</i></p> <ul style="list-style-type: none"> <li>reportedly rare, however incidence may increase with use of large IM doses or repeated injections of immune globulins.</li> </ul> <p><i>Live Virus Vaccines (measles, mumps, rubella, varicella):</i></p> <ul style="list-style-type: none"> <li>antibodies present in immune globulin preparations may interfere with the immune response of live virus vaccines, especially when large doses of immunoglobulins are given. For many immune globulins, a live virus vaccine should not be administered within 3 months of immune globulin administration; a few immune globulins require an even longer period (5-11 months) before a live virus vaccine should be given; check individual manufacturer's recommendations for each product.</li> </ul>
hepatitis B immune globulin, human (HBIG) – BayHep B, H-BIG, HyperHep, Nabi-HB		
immune globulin IM, human (IGIM; gamma globulin; IgG) – immune serum globulin USP‡, BayGam		
immune globulin IV, human (IGIV) – Gamimune N, Gammagard S/D, Gammar-P IV, Iveegam EN, Panglobulin, Polygam S/D, Sandoglobulin, Venoglobulin-I, Venoglobulin-S	PA	
antithymocyte globulin (equine) (ATG equine, LIG) – Atgam		
antithymocyte globulin (rabbit) (ATG rabbit) – Thymoglobulin		
rabies immune globulin IM, human (RIG) – BayRab, Imogam Rabies – HT		
Rho(D) immune globulin IM (Rho(D) IGIM) – BayRho-D Full Dose, Gamulin Rh, HypRho-D, RhoGAM		
Rho(D) immune globulin IM micro-dose (Rho(D) IG Micro-dose) – BayRho-D Mini Dose, HypRho-D Mini-Dose, MICRhoGAM, Mini-Gamulin Rh		
Rho(D) immune globulin IV, human (Rho(D) IGIV) – WinRho SDF		
respiratory syncytial virus immune globulin IV, human (RSV-IGIV) – RespiGam	PA	
tetanus immune globulin IM, human (TIG) – BayTet		
varicella-zoster immune globulin IM, human (VZIG) ‡		

† Brand-name products are capitalized. Generic products are in lowercase.

‡ Product must be obtained through the Massachusetts Public Health Biologic Laboratories.



**Therapeutic Class Tables (cont.)**

**Table 2 – Hormones – Gonadotropin-Releasing Hormone Analogs**

Drug Name †	PA Status	Clinical Notes
Eligard (leuprolide)	PA	<p><i>For PA drugs, one of the following FDA-approved indications must be met. For unlabeled uses, approval will be considered based on current medical evidence.</i></p> <ul style="list-style-type: none"> <li>• breast cancer (advanced) – Zoladex</li> <li>• central precocious puberty – Lupron</li> <li>• endometrial thinning – Zoladex</li> <li>• endometriosis – Lupron, Zoladex</li> <li>• prostatic cancer (advanced) – Eligard, Lupron, Trelstar, Viadur, Zoladex</li> <li>• prostatic carcinoma (Stage B2-C) – Zoladex</li> <li>• uterine leiomyomata – Lupron</li> </ul> <p><i>Contraindications:</i></p> <ul style="list-style-type: none"> <li>• pregnancy and lactation – all products</li> <li>• undiagnosed, abnormal vaginal bleeding: leuprolide, Lupron, Viadur, Zoladex</li> </ul>
Lupron (leuprolide)	PA	
Trelstar (triptorelin)	PA	
Viadur (leuprolide)	PA	
Zoladex (goserelin)	PA	

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**Table 3 – Gastrointestinal Drugs – Histamine H<sub>2</sub> Antagonists/Proton Pump Inhibitors**

**H<sub>2</sub> Antagonists**

Drug Name †	PA Status	Clinical Notes
Axid # (nizatidine)		<i>Optimize dosing regimen:</i> <ul style="list-style-type: none"> <li>For duodenal or gastric ulcer treatment, administer total daily dose between evening meal and bedtime – ulcer healing is directly proportional to degree of nocturnal acid reduction</li> </ul> <i>Duration of therapy:</i> <ul style="list-style-type: none"> <li>duodenal ulcer (DU) – 4 weeks</li> <li>gastric ulcer (GU) – 8 weeks</li> </ul>
Pepcid # (famotidine *)		
Tagamet # (cimetidine *)		
Zantac # (ranitidine *)		

**Proton Pump Inhibitors (PPIs)**

Drug Name †	PA Status	Clinical Notes
Aciphex (rabeprazole)	PA	<i>Optimize dosing regimen:</i> <ul style="list-style-type: none"> <li>For maximum efficacy, a PPI must be taken in a fasting state, just before or with breakfast. In general, for patients on PPIs it is not necessary to prescribe other antisecretory agents (e.g., H<sub>2</sub> antagonists, prostaglandins). If an antisecretory agent is prescribed with a PPI, the PPI should not be taken within 6 hours of the H<sub>2</sub> antagonist or prostaglandin. PPI's should not be taken on an "as needed" basis.</li> </ul> <i>QD dosing versus BID dosing:</i> <ul style="list-style-type: none"> <li>QD dosing is adequate for most individuals except for H. pylori treatment (PPI is BID for 1<sup>st</sup> two weeks of therapy). For pathological hypersecretory conditions, such as ZE Syndrome, a BID PPI regimen may be needed for high total daily doses. When/if a second dose is prescribed, it should be given just before the evening meal.</li> </ul> <i>Apparent PPI non-responder:</i> <ul style="list-style-type: none"> <li>Careful history should be obtained to ensure appropriate timing of drug administration and no significant drug interactions (see above), before prescribing a second dose or switching to another PPI</li> </ul> <i>Duration of therapy:</i> <ul style="list-style-type: none"> <li>duodenal ulcer (DU) – 4 weeks (QD dosing)</li> <li>gastric ulcer (GU) – 8 weeks (QD dosing)</li> <li>H. pylori – 2 weeks (BID dosing) + 2 more weeks if DU using QD dosing and 6 more weeks if GU using QD dosing</li> <li>acute symptomatic GERD – 4-8 weeks (QD dosing)</li> </ul> <i>NG tube administration:</i> <p>Prevacid (lansoprazole) capsules can be opened and the intact granules mixed with 40 ml. of apple juice and then administered through the NG tube. After administration, flush NG tube with additional apple juice. Prevacid suspension is not recommended for NG tube administration. It is a viscous liquid, and will thicken over time.</p> <i>Tablet/Capsule administration:</i> <p>PPI tablets or the contents of PPI capsules should not be chewed, split, or crushed. For patients who have difficulty swallowing PPI capsules, the capsule can be opened and the intact granules can be sprinkled on applesauce. See specific product information for further information on liquids and foods compatible with capsule contents.</p>
Nexium (esomeprazole)	PA	
Prevacid (lansoprazole) capsules	PA > 16 years	
Prevacid (lansoprazole) suspension	PA > 16 years (except for LTC members)	
Prilosec (omeprazole)	PA	
Protonix (pantoprazole)		

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**Therapeutic Class Tables (cont.)**

**Table 4 – Hematologic Agents – Hematopoietic Agents**

Drug Name †	PA Status	Clinical Notes
Colony Stimulating Factors		For PA drugs, an FDA-approved indication must be met. For unlabeled uses, approval will be considered based on current medical evidence.
Leukine (sargramostim; GM-CSF)	PA	
Neulasta (pegfilgrastim)	PA	
Neupogen (filgrastim; G-CSF)	PA	
Interleukins		Monitoring: <ul style="list-style-type: none"><li>erythropoietin – evaluate iron status before and during therapy. Transferrin saturation should be at least 20% and serum ferritin at least 100 ng/ml. Most patients will eventually require supplemental iron.</li><li>colony stimulating factors (G-CSF, GM-CSF) – certain drugs, such as corticosteroids and lithium may potentiate the myeloproliferative effects of colony stimulating factors; GM-CSF: fluid retention, occasional transient supraventricular arrhythmias and dyspnea may occur – use cautiously in patients with cardiac or pulmonary disease.</li><li>oprelvekin – fluid retention will occur - use cautiously in patients with CHF or preexisting fluid collections (e.g., ascites, pericardial or pleural effusions).</li></ul>
Neumega (oprelvekin; IL-11)	PA	
Recombinant Human Erythropoietin		
Aranesp (darbepoetin alfa)	PA	
Epogen (epoetin alfa; EPO)	PA	
Procrit (epoetin alfa; EPO)	PA	

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**Table 5 – Immunologic Agents – Immunomodulators**

Drug Name †	PA Status	Clinical Notes
Actimmune (interferon gamma-1b)		<p><i>For PA drugs, one of the following FDA-approved indications must be met. For unlabeled uses, approval will be considered based on current medical evidence.</i></p> <ul style="list-style-type: none"> <li>• AIDS-related Kaposi's sarcoma – Intron A, Roferon-A</li> <li>• Chronic granulomatous disease – Actimmune</li> <li>• CML – Roferon-A</li> <li>• Condylomata acuminata – Alferon N, Intron A</li> <li>• Crohn's disease – Remicade</li> <li>• Erythema nodosum leprosum – Thalomid</li> <li>• Follicular lymphoma – Intron A</li> <li>• Hairy cell leukemia – Intron A, Roferon-A</li> <li>• Hepatitis B (chronic) – Intron A</li> <li>• Hepatitis C (chronic) – Infergen, Intron A, Pegasys, PEG-Intron, Rebetrone</li> <li>• Malignant melanoma – Intron A</li> <li>• Multiple sclerosis – Avonex, Betaseron, Novantrone, Rebif</li> <li>• Osteopetrosis – Actimmune</li> <li>• Psoriatic arthritis – Enbrel</li> <li>• Rheumatoid arthritis, severe – Kineret, Enbrel, Remicade</li> <li>• Rheumatoid arthritis, juvenile – Enbrel</li> </ul> <p><i>Alfa interferons Precautions:</i></p> <ul style="list-style-type: none"> <li>• Life-threatening or fatal neuropsychiatric, autoimmune, ischemic and infectious disorders may be caused or aggravated by alfa interferons. Monitor patients closely with periodic clinical and laboratory evaluations. See manufacturers' information for full details.</li> </ul>
Alferon N (interferon alfa-n3, human leukocyte derived)		
Avonex (interferon beta-1a)		
Betaseron (interferon beta-1b)		
Enbrel (etanercept)	PA	
Infergen (interferon alfacon-1)		
Intron A (interferon alfa-2b; IFN- $\alpha$ 2; rIFN- $\alpha$ 2; $\alpha$ -2-interferon)		
Kineret (anakinra)	PA	
Novantrone (mitoxantrone)		
Pegasys (peginterferon alfa-2a)		
PEG-Intron (peginterferon alfa-2b)		
Rebetrone (interferon alfa-2b recombinant + ribavirin)		
Rebif (interferon beta-1a)		
Remicade (infliximab)	PA	
Roferon-A (interferon alfa-2a; rIFN-A; IFLrA)		
Thalomid (thalidomide)	S.T.E.P.S. (restricted drug distribution program; only prescribers and pharmacists registered with this program may prescribe and dispense the drug)	

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**Therapeutic Class Tables (cont.)**

**Table 6 – Impotence Agents**

Drug Name †	PA Status	Clinical Notes
Caverject (alprostadil, prostaglandin E <sub>1</sub> ; PE <sub>1</sub> )	PA	<ul style="list-style-type: none"><li>• Sildenafil may potentiate the hypotensive effects of nitrates, which in any form are contraindicated with use of sildenafil.</li><li>• Sildenafil is metabolized by cytochrome P450 enzymes 3A4 (major route) and 2C9 (minor route); use sildenafil cautiously with 3A4 inhibitors such as ketoconazole, erythromycin, or cimetidine.</li></ul>
Edex (alprostadil, prostaglandin E <sub>1</sub> ; PE <sub>1</sub> )	PA	
Muse (alprostadil, prostaglandin E <sub>1</sub> ; PE <sub>1</sub> )	PA	
Viagra (sildenafil)	PA	

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**Therapeutic Class Tables (cont.)**

**Table 7 – Muscle Relaxants – Centrally Acting**

Drug Name †	PA Status	Clinical Notes
Banflex (orphenadrine)		<i>PA for Lioresal intrathecal:</i> Use for spasticity of spinal cord origin (FDA-approved indication) or, in children for reducing spasticity in cerebral palsy (unlabeled use). Other unlabeled uses will be considered based on current medical evidence.
diazepam		
Flexeril # (cyclobenzaprine)		
Flexoject (orphenadrine)		
Flexon (orphenadrine)		
Lioresal Intrathecal (baclofen)	PA	<i>Precautions:</i> <ul style="list-style-type: none"> <li>All agents within this class may cause drowsiness and dizziness. Patients should be advised of this and to avoid alcohol and other CNS depressants.</li> <li>anticholinergic effects – baclofen, cyclobenzaprine, orphenadrine, tizanidine</li> <li>cyclobenzaprine – structurally related to tricyclic antidepressants (TCAs); consider potential for similar adverse effects and drug interactions as with TCAs</li> <li>tizanidine – an <math>\alpha_2</math> agonist structurally related to clonidine; may cause hypotension; hepatocellular injury reported - monitor LFTs</li> </ul> <i>Urine discoloration:</i> <ul style="list-style-type: none"> <li>orange or red-purple: chlorzoxazone</li> <li>brown, black or green: methocarbamol</li> </ul>
Lioresal # (baclofen)		
Maolate (chlorphenesin)		
Norflex # (orphenadrine)		
Norgesic # (orphenadrine/aspirin/caffeine)		
Parafon Forte DSC # (chlorzoxazone)		
Remular-S # (chlorzoxazone)		
Robaxin # (methocarbamol)		
Skelaxin (metaxalone)		
Soma # (carisoprodol)		
Zanaflex # (tizanidine)		

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**Therapeutic Class Tables (cont.)**
**Table 8 – Narcotic Agonist Analgesics**

Drug Name †	PA Status	Clinical Notes
<b>Diphenylheptanes</b>		<p><i>Allergy:</i></p> <ul style="list-style-type: none"><li>• True systemic narcotic allergy, such as a generalized rash, or angioedema, is unusual. A local, itchy wheal formation at the site of narcotic injection, generalized pruritus (no rash) or flushing may occur, and is due to histamine release. Meperidine is less likely to release histamine than morphine or other phenanthrenes; histamine release is not associated with fentanyl or methadone.</li></ul> <p><i>Cross-Hypersensitivity:</i></p> <ul style="list-style-type: none"><li>• Systemic allergy manifestations, such as a generalized rash, or angioedema, although uncommon, are most likely to occur with natural opium alkaloids, such as morphine and codeine. If systemic allergy to morphine or codeine, a narcotic from a different chemical classification (i.e., diphenylheptanes, phenylpiperidines) should be selected. Ultram (tramadol) is structurally unrelated to opiates; however, the manufacturer states that it should not be used if there is previous hypersensitivity reaction to opiates.</li></ul> <p><i>Renal Dysfunction:</i></p> <ul style="list-style-type: none"><li>• Accumulation of certain narcotics in patients with significant renal dysfunction can lead to excess sedation, respiratory depression, delirium, myoclonus, or seizures.<ul style="list-style-type: none"><li>- avoid use: meperidine</li><li>- cautious use: codeine, hydrocodone, morphine</li></ul></li></ul> <p><i>Constipation:</i></p> <ul style="list-style-type: none"><li>• Common adverse effect with chronic narcotic use; prescribe stool softener +/- laxative with narcotic.</li></ul> <p><i>Acetaminophen Hepatotoxicity:</i></p> <ul style="list-style-type: none"><li>• Acetaminophen has been associated with severe hepatotoxicity following acute and chronic ingestion.</li><li>• Maximum recommended dose of acetaminophen for adults is four grams/day.</li><li>• Be sure to consider and ask about all potential sources of acetaminophen (e.g., OTC, combination analgesics) when determining daily acetaminophen dose.</li><li>• Risk may increase with concurrent alcohol use, underlying liver disease, and/or the fasting state.</li></ul>
methadone (Dolophine #, Methadose #)		
propoxyphene (Darvon #)		
propoxyphene napsylate (Darvon N)		
propoxyphene napsylate/acetaminophen (Darvocet-N #)		
<b>Phenanthrenes</b>		
codeine		
codeine/acetaminophen (Tylenol/codeine #)		
codeine/aspirin (generics)		
hydrocodone		
hydrocodone/acetaminophen (Anexsia #, Hydrocet #, Lorcet #, Lortab #, Norco #, Vicodin #)		
hydrocodone/acetaminophen (Maxidone, Zydone)	PA (effective 04/01/03)	
hydromorphone (Dilaudid #)		
levorphanol (Levo-Dromoran #)		
morphine injection (Astramorph PF, Duramorph, Infumorph)		
morphine oral immediate release (MS/L, MSIR, OMS, Roxanol, Roxanol-T) controlled release (MS Contin #, Oramorph SR)		
morphine extended release (Avinza)	PA	
morphine sustained release (Kadian)		
morphine suppositories (MS/S, RMS, Roxanol)		
oxycodone		
oxycodone controlled release (OxyContin)	Limit 90 tablets/ month; PA > 240 mg/day (effective 04/01/03)	
oxycodone immediate release (Endocodone, Oxydose, OxyFAST, Oxy IR, Roxicodone)		
oxycodone/acetaminophen (Endocet, Roxicet, Tylox #)		
oxycodone/acetaminophen (Percocet)	PA (effective 04/01/03)	
oxycodone/aspirin (Endodan, Percodan #, Roxiprin)		
oxymorphone (Numorphan)		
<b>Phenylpiperidines</b>		
fentanyl injection		
fentanyl transdermal system (Duragesic)	Limit 30 patches/ month; PA > 200 mcg/hour (effective 04/01/03)	
fentanyl transmucosal system (Actiq)	PA	
meperidine (Demerol #)		

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**Therapeutic Class Tables (cont.)**

**Table 9 – Growth Hormones**

Drug Name †	PA Status	Clinical Notes
somatrem – Protropin	PA	<p><i>For PA drugs, one of the following FDA-approved indications must be met. For unlabeled uses, approval will be considered based on current medical evidence.</i></p> <ul style="list-style-type: none"> <li>• Growth failure in children due to lack of endogenous growth hormone secretion – all products except Serostim</li> <li>• Growth failure in children due to Prader-Willi Syndrome – Genotropin</li> <li>• Growth failure in children associated with chronic renal insufficiency – Nutropin, Nutropin AQ</li> <li>• Short stature associated with Turner Syndrome – Nutropin, Nutropin AQ, Humatrope</li> <li>• Growth hormone deficiency in adults – Genotropin, Humatrope, Nutropin, Nutropin AQ</li> <li>• AIDS wasting or cachexia – Serostim</li> </ul> <p><i>Contraindications:</i></p> <ul style="list-style-type: none"> <li>• Active malignancy</li> <li>• Growth promotion in children with fused epiphyses</li> </ul>
somatropin – Genotropin Humatrope Norditropin Nutropin, Nutropin AQ Saizen Serostim	PA	

† Brand-name products are capitalized. Generic products are in lowercase.

**Therapeutic Class Tables (cont.)**

**Table 10 – Dermatologic Agents – Retinoids**

Drug Name †	PA Status	Clinical Notes
Accutane (isotretinoin; 13-cis-Retinoic Acid)		<p><i>For PA drugs, one of the following FDA-approved indications must be met. For unlabeled uses, approval will be considered based on current medical evidence.</i></p> <ul style="list-style-type: none"> <li>• Acne vulgaris – Avita, Differin, Retin-A, Tazorac</li> <li>• Kaposi’s sarcoma cutaneous lesions – Panretin</li> <li>• Psoriasis (stable) – Tazorac</li> </ul> <p><i>Contraindicated in pregnancy:</i></p> <ul style="list-style-type: none"> <li>• Accutane, Soriatane, Tazorac, and Tegison</li> <li>• Accutane – prescribers must comply with the manufacturer’s S.M.A.R.T program: System to Manage Accutane Related Teratogenicity (see manufacturer’s product information for full details).</li> </ul> <p><i>Photosensitivity reactions:</i></p> <ul style="list-style-type: none"> <li>• minimize exposure to ultraviolet light or sunlight</li> <li>• other drugs that may also increase sensitivity to sun: quinolones, sulfonamides, thiazide diuretics, phenothiazines</li> </ul>
Avita # ‡ (tretinoin; trans-Retinoic Acid; Vitamin A Acid)‡	PA > 25 years	
Differin ‡ (adapalene)	PA > 25 years	
Panretin ‡ (alitretinoin)	PA	
Retin-A # ‡ (tretinoin; trans-Retinoic Acid; Vitamin A Acid)	PA > 25 years	
Soriatane (acitretin)		
Tazorac ‡ (tazarotene)	PA > 25 years	
Tegison (etretinate)		
Vesanoid ^ (tretinoin)		

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‡ topical products

^ indicated for acute promyelocytic leukemia

Table 11 – Nonsteroidal Anti-inflammatory Drugs

## Non-Selective NSAIDs

Non-Selective NSAIDs		
Drug Name †	PA Status	Clinical Notes
<b>Acetic Acid Derivatives</b>		<ul style="list-style-type: none"><li>• <i>Risk factors for NSAID-related GI toxicity:</i> age &gt; 60 years, history of gastric or duodenal ulcer, history of GI bleed, perforation or obstruction, concurrent use of anticoagulants, aspirin (including low doses for cardiovascular prophylaxis), corticosteroids, high daily NSAID doses</li><li>• <i>To avoid or minimize GI toxicity:</i><ul style="list-style-type: none"><li>- Lowest effective dose should be prescribed for the shortest possible duration.</li><li>- GI toxicity may be lower with ibuprofen, naproxen, ketoprofen, diclofenac, and higher with indomethacin, flurbiprofen, and piroxicam.</li></ul></li><li>• <i>If risk factors are present for NSAID-related GI toxicity as above, consider:</i><ul style="list-style-type: none"><li>- etodolac, nabumetone and meloxicam, all of which are preferential COX-2 inhibitors; however, with higher doses of etodolac and nabumetone, preferential inhibition of COX-2 is diminished.</li><li>- highly selective COX-2 inhibitor (see table below).</li><li>- an antisecretory agent (PPI or misoprostol) with a non-selective NSAID.</li></ul></li><li>• <i>Risk factors for NSAID-related renal toxicity:</i> pre-existing renal disease, severe CHF liver disease, or diuretic use</li></ul>
Clinoril # (sulindac)		
Indocin # (indomethacin)		
Lodine # (etodolac)		
Relafen # (nabumetone)		
Tolectin # (tolmetin)		
<b>Anthranilic Acid Derivatives</b>		
meclofenamate		
Ponstel (mefenamic acid)	PA	
<b>Enolic Acid Derivatives</b>		
Feldene # (piroxicam)		
Mobic (meloxicam)	PA < 60 years	
<b>Phenylacetic Acid Derivatives</b>		
Arthrotec (diclofenac/ misoprostol)	PA < 60 years	
Voltaren # (diclofenac)		
<b>Propionic Acid Derivatives</b>		
Anaprox # (naproxen *)		
Ansaid # (flurbiprofen)		
Daypro # (oxaprozin)		
Motrin # (ibuprofen *)		
Nalfon # (fenoprofen)		
Naprosyn # (naproxen *)		
Orudis # (ketoprofen *)		
Oruvail # (ketoprofen *)		
Toradol # (ketorolac)		
<b>Salicylic Acid Derivative</b>		
Dolobid # (diflunisal)		

## COX-2 (Highly Selective) NSAIDs

Drug Name †	PA Status	Clinical Notes
Bextra (valdecoxib)	PA < 60 years	<ul style="list-style-type: none"> <li>• <i>Osteoarthritis(OA)/Rheumatoid Arthritis (RA) Dosing:</i> Bextra: OA: 10 mg QD; RA: 10 mg QD Celebrex: OA: 200 mg QD or 100 mg BID; RA: 100-200 mg BID Vioxx: OA: 12.5-25 mg QD; RA: 25 mg QD</li> <li>• <i>Sulfonamide Allergy:</i> Celebrex and Bextra are both sulfonamide derivatives. The labeling for Celebrex and Bextra state that use is contraindicated in sulfonamide-allergic patients. Vioxx, a methylsulfone derivative, is considered safe in patients with sulfonamide allergy.</li> <li>• <i>Cardiovascular Risks:</i> Limited published evidence suggests that there may be an increased risk of cardiovascular events in patients taking COX-2 NSAIDs; however, prospective comparative studies +/- low-dose aspirin specifically designed to determine the incidence of significant CV risks are needed to assess this risk.</li> </ul>
Celebrex (celecoxib)	PA < 60 years	
Vioxx (rofecoxib)	PA < 60 years	

† Brand-name products are capitalized. Generic products are in lowercase.

# This is a brand-name drug with FDA "A"-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.

\* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

Table 12 – Antihistamines

**First Generation (Non-Selective) Antihistamines**

Drug Name † ^	PA Status	Sedative Effect ‡	Antihistamine Effect ‡	Anticholinergic Effect ‡
<b>Alkylamines</b>				
brompheniramine *		1+	3+	2+
Chlor-Trimeton # (chlorpheniramine *)		1+	2+	2+
Polaramine # (dexchlorpheniramine)		1+	3+	2+
<b>Ethanolamines</b>				
Benadryl # (diphenhydramine *)		3+	1+/2+	3+
carbinoxamine		1+	1+/2+	1+
Tavist # (clemastine)		2+	1+/2+	3+
<b>Ethylenediamine</b>				
PBZ # (tripelennamine)		2+	1+/2+	+/-
<b>Phenothiazine</b>				
Phenergan # (promethazine)		3+	3+	3+
<b>Piperazines</b>				
Atarax # (hydroxyzine)		3+	2+/3+	2+
Vistaril # (hydroxyzine)		3+	2+/3+	2+
<b>Piperidines</b>				
Optimine (azatadine)	PA	2+	2+	2+
Periactin # (cyproheptadine)		1+	2+	2+
Trinalin Repetabs (azatadine/pseudoephedrine)	PA	2+	2+	2+

**Second Generation (Peripherally Selective) Antihistamines**

Drug Name † ^	PA Status	Sedative Effect ‡	Antihistamine Effect ‡	Anticholinergic Effect ‡
Alkylamine				
Semprex-D (acrivastine/pseudoephedrine)	PA	+/-	2+/3+	+/-
Phthalazinone				
Astelin (azelastine)		+/-	2+/3+	+/-
Piperazines				
Zyrtec (cetirizine)	Limit 31 doses/month	+/-	2+/3+	+/-
Zyrtec-D (cetirizine/pseudoephedrine)	Limit 62 doses/month			
Piperidines				
Allegra (fexofenadine)	PA	+/-	2+/3+	+/-
Allegra-D (fexofenadine/pseudoephedrine)	PA			
Clarinet (desloratadine)	Limit 31 doses/month	+/-	3+	+/-

† Brand name products are capitalized. Generic products are in lowercase.

^ Combinations of antihistamines and decongestants (for example, brompheniramine/pseudoephedrine) are payable under MassHealth, but are not listed in the antihistamine table unless PA is required for the combination.

# This is a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

\* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

‡ low to none = +/-; low = 1+; moderate = 2+; high = 3+ (Note: Pseudoephedrine, a sympathomimetic that may cause mild CNS stimulation, may lessen the sedative effect of antihistamines. Occasionally however, pseudoephedrine may also cause drowsiness. The antihistaminic and anticholinergic effects of antihistamines are not likely to be affected by the addition of pseudoephedrine.)

**Therapeutic Class Tables (cont.)**

**Table 13 – Statins**

Drug Name †	PA Status	Clinical Notes
Advicor (lovastatin/niacin)	PA	<p><i>LDL-lowering and Dose</i></p> <p>The magnitude of the LDL cholesterol-lowering effect differs according to the specific statin and dose prescribed. LDL reduction is not proportional to dose increase. In general, dose adjustment should not be done prior to 4-6 weeks of therapy, the length of time needed for maximum lipid effect. Listed below is the % decrease in LDL cholesterol with various doses of statins:</p> <ul style="list-style-type: none"> <li>• Atorvastatin: 10 mg – 38%, 20 mg – 46%, 40 mg – 51%, 80 mg – 54%;</li> <li>• pravastatin: 10 mg – 19%, 20 mg – 24%, 40 mg – 34%;</li> <li>• simvastatin: 10 mg – 28%, 20 mg – 35%, 40 mg – 41%, 80 mg – 46%;</li> <li>• fluvastatin: 20 mg – 17%, 40 mg – 23%, 80 mg (extended-release) – 36%;</li> <li>• lovastatin: 20 mg – 29%, 40 mg – 32%, 80 mg – 48%</li> </ul> <p><i>Metabolism and Drug Interactions</i></p> <p>Except for pravastatin, all statins are extensively metabolized by the cytochrome (CYP) P450 enzyme system (atorvastatin, lovastatin, simvastatin: CYP3A4, fluvastatin: CYP2C9). All statins, except for pravastatin, are highly protein-bound, and are therefore more likely than pravastatin to interact with other highly protein-bound drugs (e.g., warfarin). There are many potential drug interactions involving the CYP450 enzyme system and highly protein-bound drugs. Careful monitoring should be done in patients on statins and multiple medications.</p> <p><i>Food and Statin Use</i></p> <p>Coadministration of food with lovastatin increases lovastatin's bioavailability by as much as 50%. For all other statins, the clinical significance of the statin-food interaction is small. Lovastatin should be administered with food. All other statins may be taken without regard to meals.</p> <p><i>Adverse Effects</i></p> <ul style="list-style-type: none"> <li>• <i>Hepatotoxicity</i> Although the risk of liver toxicity is low (i.e., elevation in liver transaminases &gt; 3 times the upper limit of normal occurs in ~ 1% of patients), manufacturers of statins recommend that liver transaminases be monitored (see product package labeling). Risk of this toxicity may increase with increased dose.</li> <li>• <i>Myopathy</i> Severe myopathy is reported in 1/1000 patients, and is dose-related. It can lead to myoglobinuria and acute renal failure. Risk factors for statin-induced myopathy are drug-drug interactions, hepatic or renal failure, acute infection, or hypothyroidism.</li> </ul> <p><i>Cost</i></p> <p>DMA costs indicate that generic lovastatin, Lescol, and Lescol XL are much less expensive than all other brands of statins. Please keep this factor in mind when choosing a statin for a MassHealth member.</p>
Altacor (extended-release lovastatin)	PA	
Lescol (fluvastatin)		
Lescol XL (extended-release fluvastatin)		
Lipitor (atorvastatin)		
lovastatin		
Mevacor # (lovastatin)		
Pravachol (pravastatin)	PA	
Zocor (simvastatin)	PA	

† Brand name products are capitalized. Generic products are in lowercase.

# This is a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

# Therapeutic Class Tables (cont.)

Table 14 – Triptans

Drug Name †	PA Status	Clinical Notes
Axert (almotriptan) tablet	Limit six units/month (effective 04/01/03)	<p><i>FDA-approved indications</i></p> <ul style="list-style-type: none"> <li>acute treatment of migraine (all triptans)</li> <li>acute treatment of cluster headache episodes—Imitrex injection only</li> <li>Triptans are NOT intended for prophylactic therapy of migraines.</li> </ul>
Amerge (naratriptan) tablet	PA	
Frova (frovatriptan) tablet	PA	
Imitrex (sumatriptan), nasal spray, tablet	PA	
Imitrex (sumatriptan) injection	Limit six units/month (effective 04/01/03)	<p><i>General contraindications (consult prescribing information for specific information regarding individual agents)</i></p> <ul style="list-style-type: none"> <li>history, presence, symptoms or signs of ischemic heart disease (e.g., angina, MI, stroke, TIA), coronary artery vasospasm, or other significant underlying cardiovascular disease</li> <li>uncontrolled hypertension</li> <li>concurrent use or use within 24 hours of ergotamine-containing products or ergot-type medications (e.g., dihydroergotamine, methysergide)</li> <li>concurrent use with MAO inhibitor therapy or within two weeks of MAO inhibitor discontinuation</li> <li>use within 24 hours of treatment with another triptan</li> <li>management of hemiplegic or basilar migraine</li> <li>hypersensitivity to the product or any of its ingredients</li> </ul> <p><i>Do not exceed the maximum recommended dose per 24-hour period.</i></p> <p><i>Orally disintegrating tablets</i></p> <ul style="list-style-type: none"> <li>Place tablet on tongue, where it will be dissolved and swallowed with saliva.</li> <li>Inform phenylketonurics that tablets contain phenylalanine.</li> </ul> <p><i>Migraine prophylaxis (e.g., amitriptyline, propranolol, timolol) may be considered for the following conditions:</i></p> <ul style="list-style-type: none"> <li>migraine occurs <math>\geq</math> twice monthly and produces disability lasting <math>\geq</math> three days per month</li> <li>contraindication to, or failure of, acute treatments</li> <li>abortive medications are used <math>&gt;</math> twice per week</li> <li>other severe migraine conditions</li> </ul>
Maxalt (rizatriptan) tablet	PA	
Maxalt-MLT (rizatriptan) orally disintegrating tablet	PA	
Zomig (zolmitriptan) tablet	Limit six units/month (effective 04/01/03)	
Zomig-ZMT (zolmitriptan) orally disintegrating tablet	Limit six units/month (effective 04/01/03)	

† Brand name products are capitalized. Generic products are in lowercase.

**Therapeutic Class Tables (cont.)**

**Table 15 – Hypnotics**

Drug Name †	PA Status	Duration of Action	Clinical Notes
Ambien (zolpidem)	Limit 10 units/month	short	<ul style="list-style-type: none"> <li>Hypnotics are primarily FDA-approved for transient or short-term treatment of insomnia.</li> <li>There is limited medical evidence on the safety and efficacy of prolonged use of hypnotics.</li> <li>Nonpharmacologic treatments, such as practicing good sleep hygiene, relaxation training, and cognitive therapy may be more effective than medications in some individuals.</li> <li>To avoid tolerance and dependence, use the lowest dose, intermittently, and for the shortest possible duration.</li> <li>Recommended hypnotic dosages are generally lower in the elderly.</li> <li>See “10 Tips for a Good Night’s Sleep” (<a href="http://www.state.ma/dma/providers/pharmacy/10-tips_GoodNightSleep.pdf">www.state.ma/dma/providers/pharmacy/10-tips_GoodNightSleep.pdf</a>).</li> </ul>
Dalmane # (flurazepam)	Limit 10 units/month	long	
Doral (quazepam)	PA	long	
Halcion # (triazolam)	Limit 10 units/month	short	
ProSom # (estazolam)	Limit 10 units/month	intermediate	
Restoril # (temazepam)	Limit 10 units/month	intermediate	
Sonata (zaleplon)	Limit 10 units/month	ultra-short	

† Brand-name products are capitalized. Generic products are in lowercase.

# This is a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.



## Therapeutic Class Tables (cont.)

**Table 16 – Topical Corticosteroids**

Drug Name †	PA Status	Clinical Notes
<b>I. Low Potency</b>		<i>Product Potency</i> <ul style="list-style-type: none"><li>Relative potency of a product depends on the characteristics and concentration of the drug and the vehicle.</li><li>Generally, ointments and gels are more potent than creams or lotions; however, some products have been formulated to yield comparable potency.</li></ul>
alclometasone dipropionate 0.05% C, O (Aclovate)	PA (effective 04/01/03)	
desonide 0.05% C, L, O (DesOwen #)		
fluocinolone acetonide 0.01% C, S (Synalar #)		
fluocinolone acetonide 0.01% oil (Derma-Smoother/FS), shampoo (Capex)	PA (effective 04/01/03)	
hydrocortisone 0.5% C, L; 1% C, L, O, S; 2.5% C, L, O (Anusol-HC #, Hytone #, Texacort #)		<i>Product Selection</i> <ul style="list-style-type: none"><li>Selection of a specific corticosteroid, strength and vehicle depends on the nature, location, and extent of the skin condition, patient's age, and anticipated duration of treatment.</li><li>Use the least potent corticosteroid that would be effective.</li><li>Low potency agents are preferred for the face, intertriginous areas (e.g., groin, axilla), large areas, and children, to reduce the potential for side effects.</li><li>Reserve higher potency agents for areas and conditions resistant to treatment with milder agents.</li></ul>
<b>II. Medium Potency</b>		
betamethasone dipropionate 0.05% L (generics)		
betamethasone dipropionate 0.05% L (Diprosone)	PA (effective 04/01/03)	
betamethasone valerate 0.12% A (Luxiq)	PA (effective 04/01/03)	
betamethasone valerate 0.1% C, L (Beta-Val #, Valisone #)		
clodortolone pivalate 0.1% C (Cloderm)	PA (effective 04/01/03)	
desoximetasone 0.05% C (Topicort LP #)		
fluocinolone acetonide 0.025% C, O (Synalar #)		
flurandrenolide 0.05% L (generics)		
flurandrenolide 0.025% C, O; 0.05% C, L, O, T (Cordran)	PA (effective 04/01/03)	
fluticasone propionate 0.05% C, 0.005% O (Cutivate)	PA (effective 04/01/03)	
hydrocortisone butyrate 0.1% C, O, S (Locoid)	PA (effective 04/01/03)	
hydrocortisone probutate 0.1% C (Pandel)	PA (effective 04/01/03)	
hydrocortisone valerate 0.2% C, O (Westcort #)		
mometasone furoate 0.1% O (generics)		
mometasone furoate 0.1% C, L, O (Elocon)	PA (effective 04/01/03)	
prednicarbate 0.1% C, O (Dermatop)	PA (effective 04/01/03)	
triamcinolone acetonide 0.025% C, L, O; 0.1% C, L, O; (Kenalog #, Aristocort #, Aristocort A #)		
<b>III. High Potency</b>		<i>Adverse Reactions</i> <ul style="list-style-type: none"><li>Systemic absorption of topical corticosteroids has produced reversible HPA axis suppression, Cushing's syndrome, hyperglycemia, and glycosuria.</li><li>Conditions that augment systemic absorption include application of more potent steroids, use over large surface areas, prolonged use, addition of occlusive dressings, and patient's age.</li><li>Perform appropriate clinical and laboratory tests if a topical corticosteroid is used for long periods or over large areas of the body.</li><li>With chronic conditions, gradual discontinuation of therapy may reduce the chance of rebound.</li></ul>
amcinonide 0.1% C, L, O (Cyclocort)	PA (effective 04/01/03)	
augmented betamethasone dipropionate 0.05% C (Diprolene AF), 0.05% L (Diprolene)	PA (effective 04/01/03)	
betamethasone dipropionate 0.05% C, O (generics)		
betamethasone dipropionate 0.05% C, O; 0.1% A (Diprosone)	PA (effective 04/01/03)	
betamethasone valerate 0.1% O (Beta-Val #, Valisone #)		
desoximetasone 0.05% G; 0.25% C, O (Topicort #)		
diflorasone diacetate 0.05% C (Psorcon #)		
fluocinonide 0.05% C, G, O, S (Lidex #)		
halcinonide 0.1% C, O, S (Halog, Halog-E)	PA (effective 04/01/03)	
triamcinolone acetonide 0.5% C, O (Kenalog #, Aristocort #, Aristocort A #)		
<b>IV. Very High Potency</b>		
augmented betamethasone dipropionate 0.05% O (generics)		
augmented betamethasone dipropionate 0.05% O (Diprolene)	PA (effective 04/01/03)	
betamethasone dipropionate 0.05% G (Diprolene)	PA (effective 04/01/03)	
clobetasol propionate 0.05% C, G, O, S (Embeline #, Temovate #, Cormax #)		
clobetasol propionate 0.05% A (Olux)	PA (effective 04/01/03)	
diflorasone diacetate 0.05% O (Psorcon #)		
halobetasol propionate 0.05% C, O (Ultravate)	PA (effective 04/01/03)	

A=aerosol, C=cream, G=gel, L=lotion, O=ointment, S=solution

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Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
P.O. Box 2586  
Worcester, MA 01606

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

## Antihistamine Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

In addition to any brand-name multiple-source antihistamine that has an FDA "A"-rated generic equivalent as identified by the **Approved Drug Products with Therapeutic Equivalence Evaluations** (also called the "Orange Book"), PA is required for:

- Allegra
- Allegra-D
- Optimine
- Semprex-D
- Trinalin Repetabs
- Zyrtec syrup for members older than 12 years (except for LTC members)

**Note:** PA is not needed for Astelin nasal spray, Clarinex (limit 31 doses/month), Zyrtec (limit 31 doses/month), Zyrtec-D (limit 62 doses/month), and FDA "A"-rated generic antihistamines. Additional information about antihistamines can be found within the MassHealth Drug List at [www.mass.gov/dma](http://www.mass.gov/dma).

### Member information

Last name	First name	MI	MassHealth member ID #	Date of birth	Sex (Circle one.) <b>f m</b>
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

### Medication information

Please complete section 1 below or section 2 on back depending on drug requested.

#### 1. Second-generation antihistamine request

- ☐ Allegra (fexofenadine)
- ☐ Allegra-D (fexofenadine/pseudoephedrine)
- ☐ Semprex-D (acrivastine/pseudoephedrine)
- ☐ Zyrtec (cetirizine) syrup

Dose, frequency, and duration of requested drug

Drug NDC (if known)

If syrup request is for a member older than 12 years, explain why the member can't take capsules or tablets. **Note:** For members in long-term-care facilities, PA is not necessary for syrup.

Indication for second generation antihistamine requested (Check one)

☐ Allergic rhinitis ☐ Chronic idiopathic urticaria ☐ Other, specify \_\_\_\_\_

Has member tried Clarinex and Zyrtec? ☐ Yes.

Dates of Clarinex use

Dose and frequency

Did member experience any of the following?

☐ Adverse reaction ☐ Inadequate response ☐ Other

Details of adverse reaction, inadequate response, or other \_\_\_\_\_

Dates of Zyrtec use

Dose and frequency

Did member experience any of the following?

☐ Adverse reaction ☐ Inadequate response ☐ Other

Details of adverse reaction, inadequate response, or other \_\_\_\_\_

☐ No. Explain why not. \_\_\_\_\_

## Medication information continued

### 2. First-generation antihistamine request

- ☐ Optimine
- ☐ Trinalin Repetabs
- ☐ Other brand-name antihistamine (specify) \_\_\_\_\_

Dose, frequency, and duration

Drug NDC (if known)

Diagnosis pertinent to requested medication

Has member tried two generic first-generation antihistamines from two different antihistamine subclassifications (see listing below)?

- ☐ Yes. Complete boxes A and B below. (Generic antihistamine product courses).
- ☐ No. Explain why not. \_\_\_\_\_

#### Generic antihistamine product courses

##### A. Drug name

Dates of generic use

Dose and frequency

Did member experience any of the following?

- ☐ Adverse reaction ☐ Inadequate response ☐ Other

Details of adverse reaction, inadequate response, or other

##### B. Drug name

Dates of generic use

Dose and frequency

Did member experience any of the following?

- ☐ Adverse reaction ☐ Inadequate response ☐ Other

Details of adverse reaction, inadequate response, or other

#### Antihistamine Chemical Subclassifications

##### Alkylamines

- brompheniramine
- chlorpheniramine
- dexchlorpheniramine

##### Ethanolamines

- clemastine
- diphenhydramine

##### Ethylenediamines

- tripeleonnamine

##### Phenothiazines

- promethazine

##### Piperazines

- hydroxyzine

##### Piperidines

- cyproheptadine

## Pharmacy information

Name	Pharmacy provider no.	Telephone ( )	Fax ( )
Address	City	State	Zip

## Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA #
Address	City	State	Zip	
E-mail address	Telephone ( )	Fax ( )		

## Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
P.O. Box 2586  
Worcester, MA 01606

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

## Hypnotic Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Doral (single-source brand-name benzodiazepine) and any brand-name multiple-source benzodiazepine that has an FDA "A"-rated generic equivalent as identified by the **Approved Drug Products with Therapeutic Equivalence Evaluations** (also called the "Orange Book").

PA is also required for quantity requests greater than 10 units per month for hypnotics. Additional information about hypnotic use can be found within the MassHealth Drug List at [www.mass.gov/dma](http://www.mass.gov/dma).

### Member information

Last name	First name	MI	MassHealth member ID no.	Date of birth	Sex (Circle one.) <b>f m</b>
Member's place of residence		<input type="checkbox"/> home	<input type="checkbox"/> nursing facility		

### Medication information

Hypnotic request	Quantity	Dose, frequency, and duration of requested drug	Drug NDC (if known)						
<input type="checkbox"/> Ambien (zolpidem) <input type="checkbox"/> Dalmane # (flurazepam) <input type="checkbox"/> Doral (quazepam) <input type="checkbox"/> Halcion # (triazolam) <input type="checkbox"/> ProSom # (estazolam) <input type="checkbox"/> Restoril # (temazepam) <input type="checkbox"/> Sonata (zaleplon) <input type="checkbox"/> Other _____	_____ _____ _____ _____ _____ _____ _____ _____	<p>A. If request is for Doral or any brand-name multiple-source benzodiazepine (as denoted by the # symbol), please complete Sections I and II.</p> <p>B. If request is for quantities greater than 10 units per month, please complete Section II.</p>							
<b>Section I</b> <p>Please complete this section for requests for Doral or brand-name multiple-source benzodiazepine.</p> <p>Attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).</p>		<p>Has member tried a generic benzodiazepine?</p> <p><input type="checkbox"/> Yes. Please complete the following information. <input type="checkbox"/> No. Explain why not.</p> <table border="1"><tr><td>Drug name</td><td>_____</td></tr><tr><td>Dates of use</td><td>_____</td></tr><tr><td>Dose and frequency</td><td>_____</td></tr></table> <p>Did member experience any of the following?</p> <p><input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other</p> <p>Briefly describe details of adverse reaction, inadequate response, or other.</p> <p>_____ _____ _____</p> <p><input type="checkbox"/> No.</p>		Drug name	_____	Dates of use	_____	Dose and frequency	_____
Drug name	_____								
Dates of use	_____								
Dose and frequency	_____								

## Medication information

### Section II

Please attach supporting documentation (e.g., copies of medical records, office notes, sleep evaluation) for your response to **each** question.

If the request is for quantities greater than 10 units per month of a hypnotic, please attach a detailed description of your treatment plan of the condition for which you have requested the hypnotic. Include all nonpharmacologic and pharmacologic interventions, therapeutic endpoints, and a list of the member's current medications.

**A.** Indication for hypnotic

☐ Acute insomnia

☐ Transient insomnia

☐ Other \_\_\_\_\_

**B.** Is insomnia secondary to a vital concurrent medication or diagnosis?

☐ Yes. Briefly describe and attach documentation.

☐ No.

**C.** Has member had a sleep evaluation?

☐ Yes. Briefly describe and attach documentation.

☐ No. Explain why not.

**D.** Has member been counseled on good sleep hygiene practices?

☐ Yes. Briefly describe and attach documentation.

☐ No. Explain why not.

**E.** Is request for quantities greater than 10 units per month of a hypnotic?

☐ Yes. Briefly describe and attach documentation, including detailed treatment plan.

☐ No.

## Pharmacy information

Name	Pharmacy provider no.	Telephone no. ( )	Fax no. ( )
Address		City	State Zip

## Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA no.
Address			City	State Zip
E-mail address			Telephone no. ( )	Fax no. ( )

## Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

\_\_\_\_\_  
Prescriber's signature (Stamp not accepted.)

\_\_\_\_\_  
Date



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
P.O. Box 2586  
Worcester, MA 01606

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

## Narcotic Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for quantity requests greater than 30 patches/month for Duragesic and/or 90 tablets/month for OxyContin.

PA is also required for dosages that exceed 200 mcg/hour for Duragesic and/or 240 mg/day for OxyContin.

### Member information

Last name	First name	MI	MassHealth member ID no.	Date of birth	Sex (Circle one) <b>f m</b>
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

### Medication information

Narcotic request	Strength	Quantity	Dose, frequency, and duration of requested drug	Drug NDC (if known)
(Complete a separate line for each strength prescribed.)				
<input type="checkbox"/> Duragesic (fentanyl)	_____	_____	<b>Indication</b> (Check one.) <input type="checkbox"/> Cancer pain (specify type and stage) _____ <input type="checkbox"/> AIDS _____ <input type="checkbox"/> Other (specify) _____  Please specify: <input type="checkbox"/> Active Treatment <input type="checkbox"/> Palliative Care	
<input type="checkbox"/> Duragesic (fentanyl)	_____	_____		
<input type="checkbox"/> Duragesic (fentanyl)	_____	_____		
<input type="checkbox"/> OxyContin (oxycodone)	_____	_____		
<input type="checkbox"/> OxyContin (oxycodone)	_____	_____		
<input type="checkbox"/> OxyContin (oxycodone)	_____	_____		
<b>Section I</b>  Please attach supporting documentation for your response to each question.			Has member tried sustained-release morphine or methadone? <input type="checkbox"/> Yes. Complete box below. <input type="checkbox"/> No. Explain why not. _____ _____  Drug name _____ _____ Dates of use _____ Dose and frequency _____ _____ Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Details of adverse reaction, inadequate response, or other: _____ _____ _____  How is the member's response to treatment being measured (e.g., pain-assessment scales, activity level)? _____ _____ _____	

## Medication information

### Section II

Please complete if the request is for Duragesic at doses > 200mcg/hour, or for OxyContin at doses > 240 mg/day.

Is the member under the care of a pain specialist? ☐ Yes ☐ No

Name of specialist \_\_\_\_\_ Phone number \_\_\_\_\_

Date of last visit or consult with pain specialist \_\_\_\_\_

What is the complete pain-management regimen, including other pain medications, adjunctive therapy, and/or controlled substances? Please include the names and doses of these medications. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the member had a psychological evaluation (history of substance/alcohol abuse)?

☐ Yes ☐ No

Does the member:

have a history of substance abuse or dependence?

☐ Yes

☐ No

have a history of alcohol abuse or dependence?

☐ Yes

☐ No

Does the member have a treatment agreement (including lock-in pharmacy and prescriber, early refill policy, consequences of non-adherence to treatment)?

☐ Yes (attach copies)

☐ No (explain why not)

\_\_\_\_\_  
\_\_\_\_\_

## Pharmacy information

Name	Pharmacy provider no.	Telephone no. (     )	Fax no. (     )
Address		City	State     Zip

## Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA no.
Address			City	State     Zip
E-mail address			Telephone no. (     )	Fax no. (     )

## Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

\_\_\_\_\_  
Prescriber's signature (stamp not accepted.)

\_\_\_\_\_  
Date





Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
100 Century Drive  
Worcester, MA 01606

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

## Nonsteroidal Anti-Inflammatory Drugs (NSAID) Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Bextra, Celebrex, Vioxx, Mobic, and Arthrotec. In addition, PA is required for Ponstel (single-source brand-name NSAID) and any brand-name multiple-source NSAID that has an FDA "A"-rated generic equivalent as identified by the **Approved Drug Products with Therapeutic Equivalence Evaluations** (also called the "Orange Book"). Additional information about nonsteroidal use can be found within the MassHealth Drug List at [www.mass.gov/dma](http://www.mass.gov/dma).

### Member information

Last name	First name	MI	MassHealth member ID #	Date of birth	Sex (Circle one.) <b>f m</b>
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

### Medication information

 Please complete section 1 below **or** section 2 on back, depending on the drug requested.

<b>1. Cox-2 Inhibitor/ Arthrotec request</b> <input type="checkbox"/> Arthrotec (misoprostol/diclofenac) <input type="checkbox"/> Celebrex (celecoxib) <input type="checkbox"/> Bextra (valdecoxib) <input type="checkbox"/> Mobic (meloxicam) <input type="checkbox"/> Vioxx (rofecoxib)	Dose, frequency, and duration of requested drug	Drug NDC (if known)
Is member under 60 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Indications (Check one.) <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Primary dysmenorrhea <input type="checkbox"/> Familial adenomatous polyposis (celecoxib only: FDA-approved) <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Acute pain <input type="checkbox"/> Other, specify _____		
<b>Is member at risk for a clinically significant gastrointestinal event, as defined by one of the following?</b>		
<input type="checkbox"/> Yes (Check one.)	<input type="radio"/> Previous history: <input type="checkbox"/> Major GI bleed <input type="checkbox"/> Perforation <input type="checkbox"/> Obstruction	Dates
	<input type="radio"/> Previous history of a peptic ulcer documented by endoscopy or radiograph	Dates
<input type="checkbox"/> Concomitant therapy with any of the following (Check one.)		
<input type="radio"/> Aspirin <input type="radio"/> Oral corticosteroid: dose, frequency, and duration _____ <input type="radio"/> Warfarin: dose, frequency, and duration _____		
<input type="checkbox"/> No. Has member tried two generic NSAID products?		
<input type="radio"/> Yes. Complete boxes 3A and 3B on back (Generic NSAID product courses). <input type="radio"/> No. Explain why not. _____ _____ _____ _____		

## Medication information continued

<b>2. Brand-name multiple-source NSAID or Ponstel request</b>	Dose, frequency, and duration of requested drug	Drug NDC (if known)
Diagnosis pertinent to requested medication		
Has member tried two generic products? <input type="checkbox"/> Yes. Complete boxes 3A and 3B below (Generic NSAID product courses). <input type="checkbox"/> No. Explain why not. _____ _____ _____ _____		

## 3. Generic NSAID product courses

<b>A. Drug name</b>	<b>B. Drug name</b>
Dates of generic use	Dates of generic use
Dose and frequency	Dose and frequency
Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Details of adverse reaction, inadequate response, or other _____ _____ _____ _____	Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Details of adverse reaction, inadequate response, or other _____ _____ _____ _____

## Pharmacy information

Name	Pharmacy provider no.	Telephone (   )	Fax (   )
Address	City	State	Zip

## Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA #
Address	City	State	Zip	
E-mail Address	Telephone (   )	Fax (   )		

## Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

\_\_\_\_\_  
Prescriber's signature (Stamp not accepted.)

\_\_\_\_\_  
Date

## DUR program use only

Reviewer's decision	<input type="checkbox"/> Approved	<input type="checkbox"/> Pended	<input type="checkbox"/> Denied
Comments/reasons for pended or denied decision _____ _____ _____			



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
100 Century Drive  
Worcester, MA 01606

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

## Proton Pump Inhibitor Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Aciphex, Nexium, and Prilosec. PA is required for Prevacid for members older than 16 years (except for use of Prevacid suspension for members in long-term-care facilities). Protonix does not require PA. Additional information about PPI use can be found within the MassHealth Drug List at [www.mass.gov/dma](http://www.mass.gov/dma).

### Member information

Last name	First name	MI	MassHealth member ID #	Date of birth	Sex (Circle one.) f m
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

### Indication for proton pump inhibitor

<input type="checkbox"/> <b>GERD</b> <input type="checkbox"/> Moderate-severe erosive esophagitis <input type="checkbox"/> Uncomplicated non-erosive esophagitis Has an H <sub>2</sub> antagonist previously been tried? <input type="checkbox"/> Yes. State drug name, dose, frequency, and duration. _____ _____ <input type="checkbox"/> No. Explain why not. _____ _____ <input type="checkbox"/> Barrett's esophagus or esophageal strictures <input type="checkbox"/> GERD in child with one of the following conditions: <input type="checkbox"/> Severe chronic respiratory disease (specify) _____ _____ <input type="checkbox"/> Neurologic disability (specify) _____ _____ <input type="checkbox"/> Other (specify) _____ _____ <input type="checkbox"/> <b>Condition associated with extraesophageal symptoms secondary to gastric reflux</b> <input type="checkbox"/> Non-cardiac chest pain <input type="checkbox"/> Asthma <input type="checkbox"/> Idiopathic hoarseness <input type="checkbox"/> Chronic laryngitis <input type="checkbox"/> Other (explain) _____ _____ <input type="checkbox"/> <b>Other (explain)</b> _____ _____	<input type="checkbox"/> <b>Duodenal Ulcer</b> <input type="checkbox"/> <b>Gastric Ulcer</b> <input type="checkbox"/> Helicobacter pylori: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Drug-induced: <input type="checkbox"/> Treatment: List causative agent(s) _____ _____ <input type="checkbox"/> Prevention: List risk factor(s) _____ _____ <input type="checkbox"/> Other cause (specify): _____ _____ <input type="checkbox"/> <b>Non-ulcer or functional dyspepsia</b> Has an H <sub>2</sub> antagonist previously been tried? <input type="checkbox"/> Yes. State drug name, dose, frequency, and duration. _____ _____ <input type="checkbox"/> No. Explain why not. _____ _____ <input type="checkbox"/> <b>Pathological hypersecretory syndromes</b> <input type="checkbox"/> Zollinger-Ellison syndrome <input type="checkbox"/> MEN Type I <input type="checkbox"/> Other _____ _____
---	--

## Diagnostic studies performed (include dates of studies)


## Medication information

**Important note:** For maximum efficacy, a proton pump inhibitor (PPI) must be taken in a fasting state, just before or with breakfast. If a second dose is necessary, the second dose should be given just before the evening meal. In general, it is not necessary to prescribe other antiseecretory agents (H<sub>2</sub> antagonists, prostaglandins) for patients on PPIs. If an antiseecretory agent is prescribed with a PPI, the PPI should not be taken within 6 hours of the antiseecretory agent.

<b>PPI requested</b>	Dose, frequency, and duration of PPI	Drug NDC (if known)
<b>Has member tried Protonix? (Note: Protonix does not require prior authorization.)</b>		
<input type="checkbox"/> Yes. Provide the following information about the use of Protonix.		<input type="checkbox"/> No. Explain why not.
Dates of use	Dose and frequency	
If member received Protonix, why was it discontinued? (Check one.)		
<input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other		
Details of adverse reaction, inadequate response, or other		

## Pharmacy information

Name	Pharmacy provider no.	Telephone (   )	Fax (   )
Address		City	State   Zip

## Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA #
Address			City	State   Zip
E-mail Address			Telephone (   )	Fax (   )

## Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date

## DUR program use only

Reviewer's decision	<input type="checkbox"/> Approved	<input type="checkbox"/> Pended	<input type="checkbox"/> Denied
Comments/reasons for pended or denied decision			



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
P.O. Box 2586  
Worcester, MA 01606

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

## Statin Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Advicor, Altocor, Mevacor, Pravachol, and Zocor. **PA is not needed for Lescol, Lescol XL, Lipitor, or generic lovastatin.** Additional information about statins can be found within the MassHealth Drug List at [www.mass.gov/dma](http://www.mass.gov/dma).

### Member information

Last name	First name	MI	MassHealth member ID no.	Date of birth	Sex (Circle one.) <b>f m</b>
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

### Medication information

<b>Statin request</b> <input type="checkbox"/> Advicor <input type="checkbox"/> Altocor <input type="checkbox"/> Mevacor <input type="checkbox"/> Pravachol <input type="checkbox"/> Zocor	Dose, frequency, and duration of requested drug	Drug NDC (if known)
Indication for statin requested (Check one.) <input type="checkbox"/> Hypertriglyceridemia <input type="checkbox"/> Primary hypercholesterolemia <input type="checkbox"/> Mixed dyslipidemia <input type="checkbox"/> Secondary prevention of cardiovascular event <input type="checkbox"/> Other. Specify pertinent medical history, diagnostic studies, and/or laboratory results. _____ _____ _____		
<b>Has member tried two of the following statins: Lescol/Lescol XL, Lipitor, or generic lovastatin?</b> <input type="checkbox"/> Yes. Complete boxes A and B. <input type="checkbox"/> No. Explain why not. _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	<b>A. Drug name</b>	
	Dates of use	Dose and frequency
	Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Briefly describe details of adverse reaction, inadequate response, or other. _____ _____	
	Please attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).	
	<b>B. Drug name</b>	
	Dates of use	Dose and frequency
	Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Briefly describe details of adverse reaction, inadequate response, or other. _____ _____	
	Please attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).	

## Pharmacy information

Name	Pharmacy provider no.	Telephone no. (     )	Fax no. (     )
Address		City	State     Zip

## Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA no.
Address			City	State     Zip
E-mail address			Telephone no. (     )	Fax no. (     )

## Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
100 Century Drive  
Worcester, MA 01606

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

## Tracleer (bosentan) Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Tracleer. Additional information about the MassHealth Drug List can be found at [www.mass.gov/dma](http://www.mass.gov/dma).

### Member information

Last name	First name	MI	MassHealth member ID #	Date of birth	Sex (Circle one.) <b>f m</b>
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

### Medication information

<p>Drug NDC # (if known)</p> <p><b>1. What is the indication for bosentan?</b></p> <p><input type="checkbox"/> Primary pulmonary arterial hypertension (PAH)</p> <p><input type="checkbox"/> Secondary PAH</p> <p><input type="radio"/> Connective tissue disease</p> <p><input type="radio"/> Congenital heart defect</p> <p><input type="radio"/> Other, specify _____</p> <p><b>2. What is the disease severity (functional class)?</b></p> <p><input type="checkbox"/> NYHA Class I <input type="checkbox"/> NYHA Class III</p> <p><input type="checkbox"/> NYHA Class II <input type="checkbox"/> NYHA Class IV</p> <p><b>3. Are there any contraindications to therapy?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="radio"/> Allergic to bosentan</p> <p><input type="radio"/> Concurrent glyburide</p> <p><input type="radio"/> Concurrent cyclosporine A</p> <p><input type="radio"/> Moderate or severe liver abnormality (e.g., AST or ALT &gt; 3 x ULN)</p> <p><input type="radio"/> Pregnancy</p> <p><input type="checkbox"/> No</p> <p><b>4. Liver aminotransferases &lt; 3 x UNL</b></p> <p><input type="checkbox"/> Yes. Indicate test results:</p> <table border="1"><thead><tr><th></th><th>Baseline (date)</th><th>Most recent (date)</th></tr></thead><tbody><tr><td>ALT result</td><td></td><td></td></tr><tr><td>AST result</td><td></td><td></td></tr></tbody></table> <p><input type="checkbox"/> No</p> <p><b>5. On concurrent Flolan (epoprostenol) or Remodulin (treprostinil)?</b></p> <p><input type="checkbox"/> Yes, which drug _____ <input type="checkbox"/> No</p>		Baseline (date)	Most recent (date)	ALT result			AST result			<p><b>6 a. Is patient of childbearing potential?</b></p> <p><input type="checkbox"/> Yes, but pregnancy excluded</p> <p><input type="radio"/> Negative pregnancy test (date _____) during first five days of normal menstrual period and &gt; 11 days after last unprotected sexual intercourse</p> <p><input type="radio"/> Other, explain _____</p> <p><input type="checkbox"/> No</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Female &gt; 55</p> <p><input type="radio"/> Female &lt; 55 <input type="checkbox"/> Tubal ligation</p> <p><input type="checkbox"/> Infertile</p> <p><input type="checkbox"/> Not sexually active</p> <p><input type="checkbox"/> Other _____</p> <p><b>6 b. Is patient on reliable contraception?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>7. Is prescribed dose within guidelines?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="radio"/> Initial dose 62.5 mg BID</p> <p><input type="radio"/> Maintenance dose 125 mg BID</p> <p><input type="checkbox"/> No. Dose and rationale _____</p> <p><b>8. Has the adverse effect profile been explained to patient in detail, including liver and pregnancy warnings?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, explain _____</p>
	Baseline (date)	Most recent (date)								
ALT result										
AST result										

Pharmacy information

Name	Pharmacy provider no.	Telephone (     )	Fax (     )
Address		City	State     Zip

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA #
Address			City	State     Zip
E-mail Address			Telephone (     )	Fax (     )

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber’s signature (Stamp not accepted.)

Date

DUR program use only

Reviewer’s decision     ☐ Approved     ☐ Pended     ☐ Denied

Comments/reasons for pended or denied decision





Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
P.O. Box 2586  
Worcester, MA 01606

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

## Triptan Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Amerge, Frova, Imitrex, Maxalt, and Maxalt-MLT. **PA is not needed for Axert, Zomig, or Zomig-ZMT.** Additional information about triptans can be found within the MassHealth Drug List at [www.mass.gov/dma](http://www.mass.gov/dma).

### Member information

Last name	First name	MI	MassHealth member ID no.	Date of birth	Sex (Circle one.) f m
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

### Medication information

<b>Triptan request</b> <input type="checkbox"/> Amerge tablet <input type="checkbox"/> Frova tablet <input type="checkbox"/> Imitrex tablet <input type="checkbox"/> Imitrex injection <input type="checkbox"/> Imitrex nasal spray <input type="checkbox"/> Maxalt tablet <input type="checkbox"/> Maxalt-MLT tablet <input type="checkbox"/> Other: _____	Dose, frequency, and duration of requested drug  Drug NDC (if known)  Indication for triptan requested (Check one.) <input type="checkbox"/> Acute treatment of migraine Frequency of migraine attacks (number/month) _____ Is member currently on migraine prophylaxis? <input type="checkbox"/> No. Explain why not. _____ <input type="checkbox"/> Yes. Specify agent(s), dose, and frequency. _____  <input type="checkbox"/> Other: Specify pertinent medical history, diagnostic studies, and/or laboratory tests. _____ _____ _____  Please attach supporting documentation (e.g., copies of medical records, and/or office notes).												
<b>Has member tried two of the following triptans: Axert and Zomig or Zomig-ZMT?</b> <input type="checkbox"/> Yes. Complete boxes A and B. <input type="checkbox"/> No. Explain why not. _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	<table border="1"><tr><td><b>A. Dates of Axert use</b></td><td>Dose and frequency</td></tr><tr><td colspan="2">Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Briefly describe details of adverse reaction, inadequate response, or other. _____ _____</td></tr><tr><td colspan="2">Please attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).</td></tr><tr><td><b>B. Dates of Zomig or Zomig-ZMT use</b></td><td>Dose and frequency</td></tr><tr><td colspan="2">Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Briefly describe details of adverse reaction, inadequate response, or other. _____ _____</td></tr><tr><td colspan="2">Please attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).</td></tr></table>	<b>A. Dates of Axert use</b>	Dose and frequency	Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Briefly describe details of adverse reaction, inadequate response, or other. _____ _____		Please attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).		<b>B. Dates of Zomig or Zomig-ZMT use</b>	Dose and frequency	Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Briefly describe details of adverse reaction, inadequate response, or other. _____ _____		Please attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).	
<b>A. Dates of Axert use</b>	Dose and frequency												
Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Briefly describe details of adverse reaction, inadequate response, or other. _____ _____													
Please attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).													
<b>B. Dates of Zomig or Zomig-ZMT use</b>	Dose and frequency												
Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Briefly describe details of adverse reaction, inadequate response, or other. _____ _____													
Please attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).													

Pharmacy information

Name	Pharmacy provider no.	Telephone no. (     )	Fax no. (     )
Address		City	State     Zip

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA no.
Address			City	State     Zip
E-mail address			Telephone no. (     )	Fax no. (     )

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
100 Century Drive  
Worcester, MA 01606

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

## Brand-Name Drug Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

Prescribers must obtain PA from the Division for any brand-name multiple-source drug that has an FDA "A"-rated generic equivalent as identified by the **Approved Drug Products with Therapeutic Equivalence Evaluations** (also called the "Orange Book"). Additional information about which drugs require PA can be found within the MassHealth Drug List at [www.mass.gov/dma](http://www.mass.gov/dma).

### Member information

Last name	First name	MI	MassHealth member ID #	Date of birth	Sex (Circle one.) f m
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

### Medication information

<b>Brand-name drug request</b>	Dose, frequency, and duration of brand-name drug	Drug NDC (if known)
Diagnosis pertinent to requested medication		
<b>Has member tried a generic product?</b>		
<input type="checkbox"/> Yes. Provide the following information.		
<input type="checkbox"/> No. Explain why not.		
Drug name		
Dates of generic use	Dose and frequency	
Did member experience any of the following?		
<input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other		
Details of adverse reaction, inadequate response, or other		

### Pharmacy information

Name	Pharmacy provider no.	Telephone ( )	Fax ( )
Address	City	State	Zip

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA #
Address			City	State Zip
E-mail Address			Telephone (    )	Fax (    )

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date

DUR program use only

Reviewer's decision    ☐ Approved    ☐ Pended    ☐ Denied

Comments/reasons for pended or denied decision



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
100 Century Drive  
Worcester, MA 01606

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

## Drug Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

Information about which drugs require PA can be found within the MassHealth Drug List at **[www.mass.gov/dma](http://www.mass.gov/dma)**.

### Member information

Last name	First name	MI	MassHealth member ID #	Date of birth	Sex (Circle one.) <b>f m</b>
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

### Medication information

Drug name requested	Dose, frequency, and duration	Drug NDC (if known) or service code
Explain medical necessity of requested drug _____ _____ _____ _____ _____		

### Diagnostic studies performed (include dates of studies)

_____ _____ _____
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### Pharmacy information

Name	Pharmacy provider no.	Telephone (     )	Fax (     )
Address		City	State     Zip

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA #
Address			City	State Zip
E-mail Address			Telephone (     )	Fax (     )

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date

DUR program use only

Reviewer's decision      ☐ Approved      ☐ Pended      ☐ Denied

Comments/reasons for pended or denied decision



The MassHealth Drug List is updated monthly, as needed.  
Check our Web site for the most up-to-date information.

**[www.mass.gov/dma/providers](http://www.mass.gov/dma/providers)**

Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Division of Medical Assistance